108000069319

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporation	ion Prations			*	
CUDIECT.	Triple	-I-Care, LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	1	Fatiana L Hernandez			
		Name of Person		•	
Triple-I-Care, LLC					
		Firm/Company			
6331 Memorial Hwy					
		Address			
		Tampa, FI 33615		•	
City/State and Zip Code					
	E mail address (denning@yahoo.com to be used for future annual rep)		
For further information con	cerning this matter, please c	-	on nonneadon)		
For future information con	cerning uns matter, please c	aii.			
	e Smook	at (_ 813)	882-9986		
Name of P	Person	Area Code &	Daytime Teleph	one Number	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Triple-I-Ca	re, LLC		······			
(Name of the Limited (A	Liability Company Florida Limited Lia	<u>y as it now appear:</u> ability Company)	s on our records.				
(-1		,	7/17/08	, , ਨ			
The Articles of Organization for this Limited Lia	ability Company v	vere filed on	14 July 2008	and assigned			
Florida document number L08000069	Florida document number L08000069319						
	··			福出加			
orac i di la la la la cita	•			Second O			
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of	the limited liabil	ity company her	2:	97 0			
	•	*	-				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Compa	ny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	ible:		, ,,,				
(Principal office address MUST BE A STREE)	T ADDRESS)						
			, , , , , , , , , , , , , , , , , , , ,				
Enter new mailing address, if applicable:		Po Box 26024	16				
J	D 0.10						
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FI 33685					
B. If amending the registered agent and/o			ur records, <u>enter t</u>	he name of the new			
registered agent and/or the new registered of	nce address nere	:					
Name of New Registered Agent:	Tatiana L He	rnandez					
	8525 Northton Groves Blvd						
New Registered Office Address:	Enter Florida street address						
	•						
		Odessa	, Florida	33556			
		City		Zip Code			
New Registered Agent's Signature, if changing R	Registered Agent:						
I hereby accept the appointment as registered the provisions of all statutes relative to the pl accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this	roper and compl stered agent as p registered office	ete performance rovided for in Ch address, I hereby	of my duties, and I d apter 608, F.S. Or,	am familiar with and if this document is nited liability			

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> MGRM Tatiana L Hernandez ☑ Add 8525 Northton Groves Blvd Odessa FL33556 Remove Panos Vasiloudes MGRM 5210 Webb Rd, Tampa, Fl 33615 ☐ Add √ Remove Remove ☐ Add Remove MAdd Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 18 July 2012 Signature of a member or authorized representative of a member lationa L. Hernandez. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00