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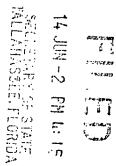
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T. Buren JUN 6 2014

COVER LETTER

TO:

Registration Section / Division of Corporations

۲,

SUBJECT:

PROVIDENT CARE MANAGEMENT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| TAEHO OH |
|---------------------------|
| Name of Person |
| PROVIDENT CARE MANAGEMENT |
| Firm/Company |
| 8237 SUNSET STRIP |
| Address |
| SUNRISE, FL 33322 |
| City/State and Zip Code |
| TAEHO_OH@ATT.NET |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| TAEHO OH | _{at (} 786 ₎ 208-3081 | |
|---|---|--------------------------|
| Name of Person | Area Code | Daytime Telephone Number |
| Enclosed is a check for the following amount: | | |

should be a check for the forth wing amount.

■ \$25.00 Filing Fee □ \$30.00 Filing Certificate

□ \$30.00 Filing Fee & □ \$ Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is 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

PROVIDENT CARE MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: | n "LI.C" or the abbreviation "L.L.C." |
|--|---------------------------------------|
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: | |
| Enter new principal offices address, if applicable: | |
| | |
| | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | DE ONE WAY |
| | erroun |
| Enter new mailing address, if applicable: | Mark Strate |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | CO - Palicary |
| | Dim on |
| B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here: | • |
| Name of New Registered Agent: | |
| New Registered Office Address: | , |
| Enter Florida street a | address |
| | , Florida |
| City | Zip Code |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> Address Type of Action 20200 NW 8TH STREET _ Add LORI KOBETZ **MGR** PEMBROKE PINES, FL 33029 Remove 6412 N University Drive #120 MGR **DOLORIS LORI KOBETZ** Tamarac, FL 33321 ☐ Remove , KIT-13 □ Remove □ Add ☐ Remove _ Add ☐ Remove

| . If amending any other information, c | nter change(s) here: (Attach additional sheets, if necessary.) |
|---|--|
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| Effective date, if other than the date of (The effective date must be specific, cannot be printed date this document is filed by the Florida De | ior to date of receipt or filed date and cannot be more than 90 days after |
| Dated MAY 27 | |
| | lo Oh |
| | are of a member or authorized representative of a member |
| TAEHO OH | |

Page 3 of 3

Filing Fee: \$25.00