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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 7 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANGEL OF CARING HEALTH & STAFFING SERVICES 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:

MICHAEL C. TRUTT

Name of Person

ANGEL OF CARING HEALTH & STAFFING SERVICES LLC

Firm/Company

1275 WEST 47 PLACE, SUITE 415

Address

HIALEAH, FL 33012

City/State and Zip Code

angelofcaring@gmail.com

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

For further information concerning this matter, please call:

MICHAEL C. TRUTT

Name of Person

at ( 786 )

333-8730

Area Code & Daytime Telephone 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 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

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TALLAHASSEE, FLORIDA

Page 1 of 2

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:

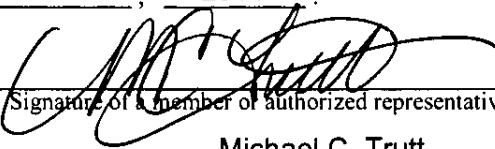
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ivan J. Lopez	1000 Sylvania Blvd. West Miami, FL 33144	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 27th, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Michael C. Trutt

\_\_\_\_\_  
Typed or printed name of signee