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SEVING ASSEE, FLORIDA

K. SALY EXAMINER JUL 7 2011

COVER LETTER

Division of Con	rporations		
SUBJECT: ANGEL	OF CARING HEAL	TH & STAFFING SERVI	CES LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		MICHAEL C. TRUTT	
		Name of Person	
	ANGEL OF CARING	HEALTH & STAFFING SEF	RVICES LL <u>C</u>
		Firm/Company	
	1275 WEST 47 PLACE, SUITE 415		
	-	Address	
		HIALEAH, FL 33012	
		City/State and Zip Code	
	ang	gelofcaring@gmail.com to be used for future annual report notifica	d'an
		·	uonj
For further information of	concerning this matter, please of	eall:	
MICHAEL C. TRUTT		at (786) 33	33-8730
Name of Person		Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

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Zip Code

Angel of Caring Health	& Staffing Services, LLC
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compar	y were filed onAugust 13, 2008 and assigned
Florida document numberL08000077812	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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.

City

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 **Type of Action** <u>Title</u> Name | **Address** MGRM Ivan J. Lopez 1000 Sylvania Blvd. West Miami, FL 33144 Add
Remove ☐ Add Remove ☐ Add Remove \prod Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 June 27th Dated _____ Signature of a member of authorized representative of a member Michael C. Trutt Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00