## L08000077996

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

A. LUNT

JUL 29 2011

**EXAMINER** 

Office Use Only



300210332763

07/28/11--01027--009 \*\*25.00

2011 JUL 28 PHIE: 20 SECRETARY OF STATE

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
	return all correspondence concerning this matter to the following:	
1 10050		
	CESAR ESTRADA	
	Name of Person	
	NATURAL MEDICARE, LLC	
	Firm/Company	
	40 BOX 2361	
	Address $\Sigma_{c_n}$	201
	OCALA, 34478 E	-
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	49
re	<u> </u>	
ror iur	rther information concerning this matter, please call:	<b>6</b> 5
CE	ESAR ESTRADA #1954 3813030 5	
	Name of Person Area Code & Daytime Telephone Number	-
Enclose	sed is a check for the following amount:	
<b>⊠\$</b> 25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee & \text{Certificate of Status}} \text{\$\text{Certified Copy} \text{Certificate of Status} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy} \text{\$\text{Certificate of Status}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy}} \text{\$\text{Certified Copy}} \text{\$\text{Certificate of Status}} \text{\$\text{Certified Copy}} \$\tex	), ,,
	Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status  Certified Copy (additional copy (additional copy)	
	MAILING ADDRESS: STREET/COURIER ADDRESS:	
	Registration Section Registration Section  Division of Corporations  Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

**Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATURAL	MEDICARE	UC_				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Com Florida document number <u>LOGOOO 77996</u>	pany were filed on <u>OE</u>	3 - <i>1</i> 3 -2008	and assi	igned		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	l liability company here:					
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,	" the designation "LLC	⊃" or the a	bbreviation		
Enter new principal offices address, if applicable:	***************************************	Āσ	20	<del> </del>		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	Γ.C A zi	<u>-</u>			
		A A	— <del> ≥</del> — <del> &gt;</del>			
		SEE.	••			
Enter new mailing address, if applicable:		:مــــــــــــــــــــــــــــــــــــ	- TO	111		
(Mailing address MAY BE A POST OFFICE BOX)	Made Made And Andrew Control of the	OR I	1.00 1.00	<u> </u>		
		DA 30	<u>~</u>			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the	name of	the nev		
Name of New Registered Agent:				<del> </del>		
New Registered Office Address:	······					
	Enter	Enter Florida street address				
		, Florida	7:.0			
	City		Zip Code			

## 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.

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

Title	Name	Address	Type of Action
1 <u>6RM</u>	MIGUEL E. GUARDAYIN	<i>b</i>	Add
1 <u>GRM</u>	NORMA HIDALGO CARRI	Wo 111-18 C - 374VE, CORONAG NY , 11368	Add Remove
			Add Remove
			Add Remove
		TALLAHA SSE	Add Remove
<del></del>	<del> </del>	OF STATE E. FLORID	Add
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary	,)* <del>*</del> 
_			
Dated	July 08 , 201		
	CEST	or authorized representative of a member  RESTRADA (PRES)  or printed name of signee	DENT)

Page 2 of 2

Filing Fee: \$25.00