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GIVISION OF CORPORATION

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CARE RESOURCES GROUP, LLC

RECEIVED

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ALAHASSEE, FLORIDA

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J. BRYAN

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**EXAMINER** 

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# H08000281158

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB DEC 30 M 8: 63

CARE RESOURCES GROUP, LLC

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

(A Plorida Limited Liability Company)

(1	7 Pioride Diffitted Di	and the constraints of		
The Articles of Organization for this Limited L	iability Company	were filed on 11-4-200	B	and assigned
Florida document number L08000103189	and the company			_
Fiorida dicument number	·			
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
SAME				
The new name must be distinguishable and end wi"L.L.C."	ith the words "Limit	ed Liability Company," t	he designation	"I.LC" or the abbreviation
Enter new principal offices address, if applicable:		SAME		
(Principal office address MUST BE A STREI	ET ADDRESS)		····	
		,,,,,,	·	
•				
Enter new mailing address, if applicable:		SAME		
(Mailing address MAY RE A POST OFFICE	(BOX)			
•				·
II. If amending the registered agent and registered agent and/or the new registered of			ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:	ered Agent: MARIO TORRES, M.D.			
New Registered Office Address:	6714	W. FLAGLE	R ST.	
14 ii Magistala Omio Marcos.		W. FLAGLE (Knier F	lorida street d	address)
	Miami	(City)	Florida	33144
		(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and compositered agent as property in the composite of the composit	lete performance of my provided for in Chapte address, I hereby/con,	duties, and r 608, F.S. O	I am familiar with and r, if this document is limited liability

(If Changing Regutered Agent, Signature of New Registered Agent)

## H08000281158

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

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JUAN HERNANDEZ-POMBO	6714 W FLAGLER STREET MIAMI, FLORIDA 33144	Add Remove
MGRM_	MARIO TORRES, M.D.		Add
			Add Remove
			Add Remove
			Add Remove
- Tanana tanana tanana			Add Remove
	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.) EGISTERED AGENT	SECRETARY DIVISION OF CO 08 DEC 30
			AN 8: 43
Dated DECE	EMBER 26 , 200	1	-2.6-08
	MARIO TO	ber or authorized representative of a member  RES M - D  bed or printed name of signee	

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