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Division of Corporations

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W8000106437

Florida Department of State
Division of Corporations
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To:

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Fax Number : (850) 617-6383

From:

Account Name : JIM SIERRA & ASSOCIATES

Account Number : 110677000356

Phone : (305) 271-7310

Fax Number : (305) 271-4422

M. THOMAS

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EXAMINER

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PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

Division of Corporations

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL CARE HEALTH SERVICES, L.L.C.
(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:

PIERRE A CRUZ

(Name of Person)

PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

(Firm/Company)

8365 SW 152ND AVENUE # C-210

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

JIM SIERRA

(Name of Person)

at (305) 271-7310

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



December 1, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

8365 SW 152ND AVE

C-210

MIAMI, FL 33198

SUBJECT: PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

REF: L08000106437

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H08000263847
Letter Number: 608A00058669

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROFESSIONAL CARE HEALTH SERVICES, L.L.C.

(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 Company were filed on NOVEMBER 14/2008 and assigned Florida document number L08000106437.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8365 SW 152ND AVENUE # C-210MIAMI, FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8365 SW 152ND AVENUE # C-210MIAMI, FL 33193

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

8365 SW 152ND AVENUE # C-210

(Enter Florida street address)

MIAMI

(City)

Florida 33193

(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)

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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:

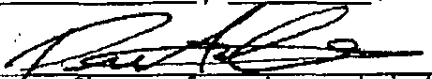
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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 DECEMBER 2, 2008



Signature of a member or authorized representative of a member

PIERRE A CRUZ

Typed or printed name of signee

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Filing Fee: \$25.00

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