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**EXAMINER** 

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2009 MAR 16 PM 2:36
SECRETARY OF STATE

## **COVER LETTER**

Division of Co					
SUBJECT: Eldercare	Management 58. LLC (Name of Lim	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 B. Komhauser,	Esq.			
	•	(Name of Person)		,	
	David and Joseph, P.L.		5	2009 HAR	-777
		(Firm/Company)	ĺ	经第	- Fil
	1001 Brickell Bay Drive,	Ste. 2002		12 o	THE STATE OF THE S
•		(Address)	, ,	E P	
•	Miami, Florida 33131			2: 36	
		(City/State and Zip Code)	•	>	
For further information of	concerning this matter, please c	all:			
Michael B. Kornhause	r, Esq.	at ( 786 ) 365-7990			
(Name	of Person)	(Area Code & Daytime T	Telephone 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)	Certified C	of Status &	sed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eldercare Manage				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	records.	)	
The Articles of Organization for this Limited Liability Company	were filed on 01/13/09			and assigned
Florida document number 1.0900004450				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	nility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the de	esignatio	n "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	4700 Sheridan Street, St	e. B	=	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, Florida 33021	1	SEC	7009
		•	EFF.	
Enter new mailing address, if applicable:			RY OF	2 M
(Mailing address MAY BE A POST OFFICE BOX)		÷,	. S	<u>» C) </u>
			2" 2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, <u>ent</u>	er the r	name of the new
	Ξ.			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
<del></del>	(City)	Florida		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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove · · ·
· ·		SECRE TANAS	Add Ta
		C. S.	Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	<u></u> - <b></b>
_	44		<del>-</del> :
			To the second
Dated March	$\frac{11}{2009}$ , $\frac{2009}{1}$	<del></del> .	
	Signature of a member	r or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
	Michael B. Kornhauser	Co-minted many of silman	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00