

LO9000005011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

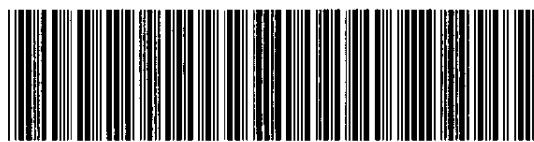
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
FEB 3 2009
EXAMINER

Office Use Only



600142776226

REC'D FEB 20 PH 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

02/05/09--01004--010 **35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2009

2009 FEB 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OTTO MARQUES
3970 WEST FLAGLER ST. SUITE 104
MIAMI, FL 33134

SUBJECT: ST. MERCY HOME HEALTH AGENCY LLC
Ref. Number: L09000005011

We have received your document for ST. MERCY HOME HEALTH AGENCY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 909A00004768

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: St Mercy Home Health Agency LLC
(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:

Otto Marques

(Name of Person)

Ofangust
(Firm/Company)

(Firm/Company)

6595 NW 36st suite 101-D

(Address)

Virginia Gardens FL 33166
(City/State and Zip Code)

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

丁巳

For further information concerning this matter, please call:

Otto Marques at (786) 768 6890

(Name of Person)

(Area Code & Daytime Tel.)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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:

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

St. Mercy Home Health Agency LLC
(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 January 15, 2009 and assigned Florida document number L0900005011.

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)

6595 NW 36th suite 101-D
Virginia Gardens FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 522764
Miami FL 33152

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:

(Enter Florida street address)

(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 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

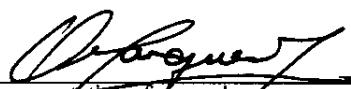
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Gustavo Marques</u>	<u>6595 NW 36st suite 101-D</u> <u>Virginia Gardens FL</u> <u>33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Otto Marques</u>	<u>6595 NW 36st suite 101-D</u> <u>Virginia Gardens FL</u> <u>33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Gustavo Marques</u>	<u>3970 W Flagler st suite 104</u> <u>Miami FL 33134</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Otto Marques</u>	<u>3970 W Flagler st suite 104</u> <u>Miami FL 33134</u>	<input type="checkbox"/> Add <input checked="" 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.)

2009 FEB 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F I L E D

Dated February 17 of 2009



Signature of a member or authorized representative of a member

MGR Otto Marques
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00