

109 000010683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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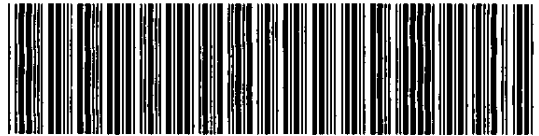
(Business Entity Name)

(Document Number)

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04/02/09--01007--012 **25.00

09 APR - 2 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS
APR - 3 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOCAL CARE CENTERS 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:

NAZILA TALEBLY

(Name of Person)

INNOVATIONS HEALTHCARE, LLC

(Firm/Company)

831 W MORSE BLVD

(Address)

WINTER PARK, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

NAZILA TALEBLY

(Name of Person)

at (407) 644-2264

(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

FILED
09 APR -2 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LOCAL CARE CENTERS 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 02/20/2009 and assigned
Florida document number L09000010683.

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:

831 W MORSE BLVD

(Principal office address MUST BE A STREET ADDRESS)

WINTER PARK, FL 32789

Enter new mailing address, if applicable:

831 W MORSE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

WINTER PARK, FL 32789

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:

NAZILA TALEBLY

New Registered Office Address:

831 W MORSE BLVD

(Enter Florida street address)

WINTER PARK

(City)

Florida 32789

(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.

Nazila Talebly
(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:

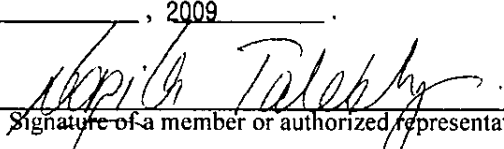
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	INNOVATIONS HEALTHCARE, LLC	831 W MORSE BLVD WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SORIANO, DINO SR	PO BOX 953546 LAKE MARY, FL 32795	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MUELLER, GENEVIEVE	7025 CR 46 A, STE 1071 #362 LAKE MARY, FL 32746	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 30, 2009


Signature of a member or authorized representative of a member

NAZILA TALEBLY

Typed or printed name of signee

FILED
MARCH 28
AM 11:28
CLERK OF STATE
TALLAHASSEE, FLORIDA