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| (Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) LO9-29543 (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| A. LUNT |
| APR 13 2010 |
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| EXAMINER |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2010 APR 12 PM 3: 38





March 24, 2010

TELETHIA D. SZUBA 4290 CAREYWOOD DRIVE MELBOURNE, FL 32934

SUBJECT: JEWELL GUARDIANSHIP AND CARE MANAGEMENT, LLC

Ref. Number: L09000029543

We have received your document for JEWELL GUARDIANSHIP AND CARE MANAGEMENT, LLC and your check(s) totaling \$52.50. 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.

Letter Number: 310A00007280

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



April 6, 2010

TELETHIA D. SZUBA 4290 CAREYWOOD DRIVE MELBROURNE, FL 32934

SUBJECT: JEWELL GUARDIANSHIP AND CARE MANAGEMENT, LLC

Ref. Number: L09000029543

We have received your document for JEWELL GUARDIANSHIP AND CARE MANAGEMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

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Letter Number: 110A00008377

COVER LETTER

SUBJECT: <u>Jewell Guardianship and Care Management</u>, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

·Registration Section

Please return all correspondence concerning this matter to the following:

| | TELE | THIA D. SZUB | A | | |
|--|---|--|---|---------------------------|------|
| | Szuba Gua | rdianship and (| Pare Solutio | ns, L | .LC |
| | 4290 | Carey wood [| Drive E | 20 | |
| · | Melbou | rne FL 329: City/State and Zip Code | 34 . A | 2010 APR 12 Secke lary | 71 |
| | TSZUBA E-mail address: (to | 10 9mail. Com | 1 | | |
| For further information cor Telethia Name of F | D. Szub 9 | ill: at (<u>321) </u> | | ် သူ့ သူ့ | , s. |
| Enclosed is a check for the | following amount: | | | | |
| \$25,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is | | |

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**

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| Szuba | ٦ |
| 700 | <u>)rive</u> |
| _ | Szubo Nood D da street address , Florida 3 |

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

| Title | Name | Address | Type of Action |
|-------------|--|--|--|
|), D MOGE | Telethia D. Szuba | 4290 Careywood Dr Melbourne, FL 3293 | ☐ Add BY ☐ Reniove |
| IP,D | Thomas D. Szuba | 4290 Careywood Dr Melbourne, FL 32934 | Add Remove |
| MGR | Telethia D. Szuba | 4290 Careywood Pr Melbourne, FL 32934 | Add Remove |
| | | | Add Remove |
| | | | Addin Religious |
| | | | SET Add In Control of the Control of |
| D. If amend | ling any other information, enter change | (s) here: (Attach additional sheets, if necessary. | 39 — |
| | | | |
| | April 6 20 | 10 | |
| Dated | Celethia | or authorized representative of a member | |
| | TELETH | IA D. Szuba | |
| | Typed o | r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00