

L09000047497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

MAY - 6 2009

**EXAMINER**

Office Use Only



900155356459

05/05/09--01022--015 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY -4 AM 10:45

FILED

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: vetas we care 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:

veta mcintosh

Name of Person

vetas we care llc

Firm/Company

510 sebastian crossing blvd

Address

sebastian fl32958

City/State and Zip Code

veta\_mcintosh@att.net

E-mail address: (to be used for future annual report notification)

2009 MAY -4 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

veta mcintosh

Name of Person

at ( 772 )

581-8744

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**

island care 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 4/29/09 and assigned  
Florida document number L09000041497

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

vetas we care llc

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)**

510 sebastian crossing blvd

sebastian fl32958

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

510 sebastian crossing blvd

sebastian fl32958

**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:**

veta mcintosh

**New Registered Office Address:**

510 sebastian crossing blvd

*Enter Florida street address*

sebastian fl32958

fl 32958

*City*

*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.*

Veta McIntosh  
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>
mgr	veta mcintosh	510 sebastian crossing blvd sebastian fl 32958	<input checked="" 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
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2009 MAY -4 AM 10:45  
Add  
Remove  
Add  
Remove

FILED

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

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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

veta mcintosh

Typed or printed name of signee