

L09000047911

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**

11 APR 20 AM 9 04

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOCIAL CARE SOLUTIONS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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April 20, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: SOCIAL CARE SOLUTIONS, LLC
REF: L09000047911

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000104050
Letter Number: 611A00009531

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

4

COVER LETTER

H11000104050

TO: Registration Section
Division of Corporations

SUBJECT: Social Care Solutions, 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:

J. Alfredo Armas

Name of Person

Armas & Borron

Firm/Company

4960 SW 72nd Avenue, Suite 206

Address

Miami, Florida 33155

City/State and Zip Code

alfred@aablawfirm.com

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

For further information concerning this matter, please call:

J. Alfredo Armas

Name of Person

at (305)

661 2021

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

H11000104050

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DIVISION OF CORPORATIONS

11 APR 20 AM 9 04

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Social Care Solutions, 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 05/16/2009 and assigned
Florida document number L09000047911.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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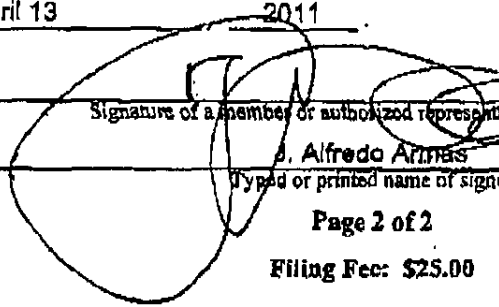
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
VP	Yanet Rodriguez	13196 SW 9th Terrace, Miami, Florida	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Oscar Rodriguez	13196 SW 9th Terrace, Miami, Florida	<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

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

Dated April 13, 2011



Signature of a member or authorized representative of a member
J. Alfredo Armas

Typed or printed name of signee

H11000104050

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