# 109000063421

÷ .	(Requestor's Name)	
	(Address)	<u>.</u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	,
	(Document Number)	;
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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08/24/09--01011--007 \*\*25.00



M. THOMAS

AND RESERVED

EXAMINER

# **COVER LETTER**

TO: Registration S Division of Co		•		
SUBJECT:		DEN CARE, LLC		
	Name of Lim	ited Liability Company		
•				
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	C	CASEY WOLFF, ESQ.		
		Name of Person		
	PAULIC	CH, SLACK & WOLFF, P.A	٨.	
	•	Firm/Company		
	51	47 CASTELLO DRIVE		
	<del>.</del>	Address		. 13
		NAPLES, FL 34103		是是一个
		City/State and Zip Code		超 62 厂
	E-mail address: (	plesteam@gmail.com to be used for future annual report noti	fication)	SSE
For further information	concerning this matter, please of	•	,	FILED PHIZ: 45 2019 AUG 24 PHIZ: 45 SECRETARSEE. FLORID: TALLAHASSEE. FLORID:
CASE	Y WOLFF, ESQ.	at ( 239 )	261-0544	REAL S
Name o	of Person		ne Telephone Number	<u> </u>
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified	ite of Status &

### 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

BE	ARS DEN CARE, LLC		
(Name of the Limited L (A I	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia		JUNE 30, 2009	and assigned
Florida document number L09000634	<u>121                                   </u>		
This amendment is submitted to amend the follow	-		
A. If amending name, enter the new name of the	не пинец навину сопрану и	ere;	•
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		BB F M
			mg 3 C
			EST K
Enter new mailing address, if applicable:			25 5 <u>-</u>
(Mailing address MAY BE A POST OFFICE B	OX)		P
			348-7-1
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zin 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>Address</u> **Type of Action** Name 1 MGRM **COLIN GLASS** 9186 TROON LAKES DRIVE NAPLES, FL. 34109 ☐ Add

✓ Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 20 AUC Signature of a member or authorized representative of a member ( ourser CORPORATE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00