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SLOADANSSEE FLORIDA

B. BOSTICK
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EXAMINER

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COVER LETTER

TO: Registration Division of C			,
SUBJECT:	All Care F	amily Health, LLC	
	Name of Lim	Ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		Kristen J. Touhey	
		Name of Person	· ———
	All Care Family Hea	ith, LLC c/o Lee County Medica	il Solution
		Firm/Company	
	38	322 Broadway Avenue	
		Address	
•	Ft	. Myers, Florida 33901	
		City/State and Zip Code	
•		nedicalsolutions@live.com to be used for future annual report notification	
For further information	concerning this matter, please of	•	12 SECH
Kri	isten J. Touhey	at (239) 274-	3004 Shope Number Si
Name	of Person	Area Code & Daytimo Tolej	
Enclosed is a check for	the following amount:		PHIP:
\$25.00 Filing Pee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	7 \$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 Cliffon Building 2661 Executive Center Circle Tailahassee, PL 32301

p. 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All (Care Family Health, L	LC				
(Name of the Limited (A)	Liability Company as it now appropries	ocars on our records.)				
The Articles of Organization for this Limited Lia	bility Company were filed on	10/13/09	and	assigne)	1	
Florida document numberL090000989	900					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liability company	here:				
	<u>n/a</u>	·····				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "	-	ie appua)istian	
Enter new principal offices address, if applical	ble: same			12		
(Principal office address MUST BE A STREET	ADDRESS		<u> </u>	<u></u>	ene :_	
			55.	1 '		
		· · · · · · · · · · · · · · · · · · ·	ini -	CIT	9 P L 77 - 27 -	
Enter new mailing address, if applicable;	3822 Broad	dway Avenua			:St+Me	
(Mailing address MAY BE A POST OFFICE B		, Florida 33901	1)A 0R	Ņ	No. may	
			DA M	င်ာ		
B. If amending the registered agent and/or	recipioned office address of	n our records outer	the name	ne tha	W.481	
resistered agent and/or the new resistered offi		n one teroins! ener	THE WATE	<u> </u>	HETY	
Name of New Registered Agent:	Kristen J. Touhey					
New Registered Office Address:	3822 Broadway Avenue					
	Enter Florida street address					
	Fort Myers	Florida	339	01		
	City		Zip Co	de		
New Registered Agent's Signature, If changing Re-	ristered Agent:					

New Regulered 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

\$3.77° a

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MGR = Manager

MGRM = Managing Member

Jan 04 2012 4:09PM

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:

Title Name Address Type of Action **MGRM** Hugh Hamilton 22749 State Road 7 ☐ Add 🗹 Remove Suite F. Roce Raton, Florida 33428 Kristen J. Touhey MGRM √ Add 3822 Broadway Avenue Ft Myers Florida 33901 Remove MGRM Todd D. Lindaren 22749 State Road 7 7 AUU Suita E ☐ Remove Boca Raton, Florida 33428 MGRM Michael Goulet 22749 State Road 7 **⊘** Add Remove Suite E Boca Raton, Florida 33428 MGR Kevin P. Touhey MAdd 22749 State Road 7 Remove Sulta E Boca Reton, Florida 33428 ∏Add Remove D. If amounting any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12. F

Dated

Signature of a member of authorized representative of a member

Kristen J. Touhey Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00