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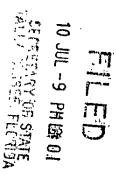
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D. BRUCE
JUL 12 2010
EXAMINER



## **COVER LETTER**

Registration Section Division of Corporations TO:

SUBJECT:	TLC INTERACT	IVE CAREGIVING	LLC		
	Name of Limi	ted Liiability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omittend for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		JAYINE LISA WHITE			
		Name of Person			
	TLC INTE	RACTIVE CAREGIVI	NG LLC	_	
		Firm/Company			
	4514 9	SW 8TH PLACE UNIT	#9	•	
		Address		15 To	
	CA	APE (CORAL, FLORIDA	<u> </u>		33
		Cityy/State and Zip Code		50-7	
	tlo	Care@centurylink.net	-t notification	Ta R	T
		•	t notification)	SI DE	Ö
For further information	concerning this matter, please of	call:			
	ne Lisa White	at (_239_)	542-8353		
Name	of Person	Area Code & I	Daytime Telephone Numbe	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55(00)Filing/Rec& (Gertified/Gopy ((additional@opyiis.com	dlosed) Certified	ate of Status &	sed)

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

TLC INTERACTIVE (	CAREGIVI	NG LLC	<u> </u>	_	
(Name of the Limited Liability (Compan (A Florida Liimited Li	y as it now app ability Company	)	<u>us.</u> )		
The Articles of Organization for this Limited Liability Company v  Florida document numberL\000002488	were filed on _	JANUARY 7	2010 and	l assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limitted liabi	lity company l	<u>iere</u> :			
DIVERSIFIED PEIRSONA	AL SOLUTIO	NS LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Con	npany," the design	ation "LLC" or	the abl	previation
Enter new principal offices address, if applicable:			7	<u> </u>	
(Principal office address MUST BE A STREET ADDRIESS)		····		=	*******
		·····		<del>u</del>	
Enter new mailing address, if applicable:				PH	
(Mailing address MAY BE A POST OFFICE BOX)		7.		<u>—</u>	·····
B. If amending the registered agent and/or registæred office address here:  Name of New Registered Agent:  New Registered Office Address:		our records, <u>s</u> Enter Florida str	eet address		the new
	City	<del></del> -	Zip C	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 om our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			-
			Add Remove -
			☐ Add ☐ Remove
			∐Add
			Remove
			∏Add ∏Remove
. If amend	ding any other information, enter chang	(e(s)) here: (Attach additional sheets, if necessary.)	
			e
		4.	
		. <i>C</i>	TILE OF LEASE OF LEAS
  			20
			- 6 F
	Signature of a member		20

Page 2 of 2

Filing Fee: \$25.00