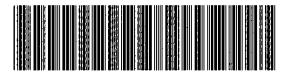
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(Requestor's Name)					
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D. BRUCE.
MAY 13 2010
EXAMINER

# **COVER LETTER**

TO: Registration : Division of Co	Section orporations					
SUBJECT:	Vita	acare, LLC				
-	Name of Lim	Name of Limited Liability Company				
	of Amendment and fee(s) are sui	-				
		Herman Cordero				
		Name of Person				
		Vitacare, LLC				
		Firm/Company				
	999	9 Brickell Bay Dr. #1006		· 📆		
		Address				
		IZ PH				
	hcc li-mail address: (	ordero@vitacareus.com to be used for future annual report of	iotification)			
For further information	concerning this matter, please of	eall:		Connection of the control of the con		
	erman Cordero	at ( 305 )	7333078			
Name	of Person	Area Code & Day	time Telephone Number			
Enclosed is a check for	the following amount:	, •				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified C	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

(Name of the Limited 1	Vitacare Liability Companion Limited L	e, LLC ny as it now appears of liability Company)	on our records,)			
The Articles of Organization for this Limited Lia Florida document number L100000123	were filed on	Florida	and ass	signed		
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
	none	-		·····		_
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "L	LC" or the a	abbrevi	ation
Enter new principal offices address, if applica	999 Brickell Ba	y Dr. #1006				
(Principal office address MUST BE A STREET	Miami FL 3313	1	产品	<b>3</b>		
				<b>≥</b> 2	<b>X</b>	NI TOPON
,		-		35 A	~	-, 1,
Enter new mailing address, if applicable:	999 Brickell Bay	v Dr. #1006	333 433	$\sim$	1.	
[Mailing address MAY BE A POST OFFICE B	Miami FL 3313		1	3	III	
printing management but 1100 of 1100 b			- COR	1/3	U	
				<b>6</b>	-	
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter tl</u>	he name o	of the	new
Name of New Registered Agent:	Herman Co	rdero				. <u> </u>
New Registered Office Address:	999 Brickell	Bay Dr. #1006				
	Enter Florida street address					
		Miami , Florida		33131		
		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 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 <u>Name</u> <u>Address</u> Type of Action **MGRM** Martin Molina 9801 NW 51 Lane Doral FL 33178 ☐ Add Remove MGRM Jose Barrios 9801 NW 51 Lane Doral FL 33178 □ Add ✓ Remove MGRM Herman Cordero 999 Brickell Bay Dr. #1006 ☑ Add Miami FI 33131 ☐ Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) none · May 4th 2010 Dated ature of a member or authorized repress

Page 2 of 2

Filing Fee: \$25.00

Jose Bartiós / Herman Cordero
Typed or printed name of signee