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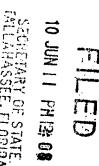
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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D. BRUCE

JUN 14 2010

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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJE	CCT:	Vita	acare, LLC				
	<u> </u>	Name of Limi	ited Liability Company	-			
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
			Herman Cordero				
			Name of Person				
			Vitacare, LLC				
Firm/Company							
999 Brickell Bay Dr. # 1006							
	Address					70 H	
Miami FL 33131							
			City/State and Zip Code				
		hcc	hcordero@vitacareus.com E-mail address: (to be used for future annual report notification)			MAY -	
F 6	4h : C :		•	i nomitation)		Y OF STA	11,
ror lur	mer miormanon	concerning this matter, please of	can,				
	He	rman Cordero	at ( 305 )	733 30		A	
	Name	of Person	Area Code & D	aytime Telephor	ne Number		
Enclose	ed is a check for	the following amount:					
<b>₹</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	_	Certified C	of Status &	
MAILING ADDRESS:		STREET/CO	OURIER ADD	RESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vitacare (Name of the Limited Liability Compa (A Florida Limited L	e, LLC  ny as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000012342	were filed on Florida	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the designation '	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	999 Brickell Bay Dr. # 1006	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL 33131	SE I
		SE F
Enter new mailing address, if applicable:	999 Brickell Bay Dr. # 1006	
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
	. 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 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>Name</u>	Address	Type of Action
MGR	Walter Montero	999 Brickell Bay Dr. # 1006 Miami FL 33131	
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessar	Add Remove 0
			THE FO
	June 8th	2010	<del></del>
— ************************************	Lu-C	member or authorized representative of a member	<u> </u>
		man Cordero / Walter Montero	
	riei	Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00