

L10000021681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900178259039

04/29/10--01029--006 **25.00

FILED
2010 APR 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 30 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WE CARE NURSING, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PALMINA DI RENZO

Name of Person

I.T.A. SOLUTIONS, INC.

Firm/Company

4987 N UNIVERSITY DR STE 29

Address

LAUDERHILL FL 33351

City/State and Zip Code

DM@ITASOLUTIONS, NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PALMINA DI RENZO

Name of Person

at (**954**)

572-5919

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2010 APR 29 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE CARE NURSING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/25/2010 and assigned
Florida document number L10000021681.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WE CARE NURSING, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4987 N UNIVERSITY DR STE 29

LAUDERHILL, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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 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:

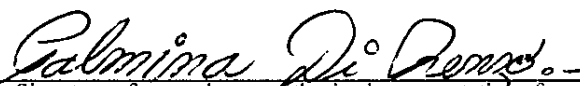
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MILLICENT APAO	15771 MENTON BAY CT DELRAY BEACH, FL 33446	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PALMINA DI RENZO	15771 MENTON BAY CT DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 27, 2010



Signature of a member or authorized representative of a member

PALMINA DI RENZO

Typed or printed name of signee

FILED
2010 APR 29 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA