## L10000046324

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cif	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



600185467096

10/01/10--01007--005 \*\*25.00

FILEU

10 OCT -1 MIII:48

SECRETATO OF STATE
ANT AHASSEE, FLORIDA

J. BRYAN OCT -4 2010 EXAMINED

## **COVER LETTER**

	ion of Corporations	
SUBJECT: _	Upper Keys Care Center, LLC	
•	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	If correspondence concerning this matter to the following:	
	Gregg J. Ormond, Esquire	
	Name of Person	
	Gregg J. Ormond, P.A.	
	Firm/Company	至名
	201 Sevilla Avenue, Suite 209	題日刊
	Address	ASSET P
	Coral Gables, Florida 33134	MII: 48
	City/State and Zip Code	09.
	gjo@ormondlaw.com  E-mail address: (to be used for future annual report notification)	DATE O
For further inf	ormation concerning this matter, please call:	
	Gregg J. Ormond at ( 305 ) 446-5500  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:	
\$25,00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	e 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

Upper Keys (Name of the Limited Liability Co	Care Center, LI	LC	
(Name of the Limited Liability Co (A Florida Lim	ited Liability Company)	)	
The Articles of Organization for this Limited Liability Com-	pany were filed on	April 29, 2010	and assigned
Florida document number L10000046324			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	<u>ere</u> :	
Sunset Manageme	ent of Coral Gables	s, LLC	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		PEG
			三門 日丁
			SS - m
Enter new mailing address, if applicable:			用: 0
(Mailing address MAY BE A POST OFFICE BOX)			= =
			<b>20日 5</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office addres		our records, enter the	he name of the nev
Name of New Registered Agent:			
Name of New Registered Agent.			· <del>-</del>
New Registered Office Address:			
	E	nter Florida street addi	·ess
		, Florida	7: 6: 1
	Ciṭy		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 = I	Managing Member	-	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Keinove
	,		Add Remove
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Add Remove
			Add Remove
			Add
			Remove
÷	,		Add
			Remove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.	)
			Property of T
_			ASSI
			AN II: 49
_	9/29		RIDA H9
Dated	7/2/	2010	
	•	ember or authorized representative of a member	
	Gr T	regg J. Ormond, Esquire / yped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00