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(Address)					
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09/21/11--01010--020 **25.00

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K. SALY EXAMINER SEP 22 2011

COVER LETTER

Division of Co		,	
SUBJECT: HO	me Care Name of Limi	Imprint ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	David	Stifter Name of Person	
		Care Imprin	<u>+</u>
	8550 T	Touchton Rd Address	#333
	Jackson	Ville, Fl 36 City/State and Zip Code At St? fter @ to be used for future annual report notification	2216
	Service E-mail address: (1	= d+s+;f+er@ to be used for future annual report notification	gmail.com
For further information of	concerning this matter, please c		
David Name o	Stifter of Person	at (904) 803-23 Area Code & Daytime Tel	O.5 ephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

11 SEP 21 PH 1: 19

Home car	ability Company as it now appeorida Limited Liability Company	7 f	SEGNETART OF STATE
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appeorida Limited Liability Company	ears on our records.)	Умилипазац, пцеківд
The Articles of Organization for this Limited Liabi		6-29-10	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :	
Healthcare Important The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, ent	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>	Enter Florida street	address
	, Florida		
-	City	, 1 101 102	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
	#### \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Add Remove		
****			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_		
			-		
Dated		·	_		
	Signature of a member	or authorized representative of a member	·		
	Typed	or printed name of signee			

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Filing Fee: \$25.00