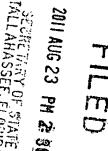
L10000102162

(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: 11-39859	7
A. LUNT	
AUG 24 2011	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2011

SHERRILL N. VOGEL 1117 SANDPIPER COURT LAKELAND, FL 33813

SUBJECT: ELDER CARE PARTNERS, LLC

Ref. Number: L10000102162

We have received your document for ELDER CARE PARTNERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L11000039859.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 011A00017882

COVER.LETTER

Division of C			
SUBJECT:	Elder Car	re Partners, LLC	
SUBJECT.		ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Sherrill N. Vogel	
		Name of Person	
	Agina	Care Partners, LLC	2
	1 /	Firm/Company	
	1	117 Sandpiper Court	
		Address	
	La	ikeland, Florida 33813	3
	- la - mm -	City/State and Zip Code	
	E-mail address: (1	@agingcarepartners.co to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
SI	nerrill N. Vogel	at (863)	370-4003
Name	of Person	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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	Registration	Corporations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

August 4, 2011 Elder Care Partners LLC 1117 Sandpiper Court Lakeland, FL 33813 Ref # L10000102162

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Attached are "Articles of Amendment to Articles of Organization" for Elder Care Partners LLC. As sole member of this entity I was attempting a name change and mistakenly formed a new LLC for the new name I intended to use. I have dissolved the LLC that was mistakenly formed (that is, Aging Care Partners LLC, document # L11000039859). Both entities have the same owner: Sherrill N. Vogel. I desire that the name Aging Care Partners LLC be released to become the new name for Elder Care Partners LLC (as referenced on the attached Articles of Amendment to Articles of Organization.) Also attached is a copy of a communication related to my attempt to secure the name change.

Your help in resolving this matter is appreciated.

Sherrill N. Vogel

Sincerely,

Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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	Elder	Care Partners, LLC		
Florida document numberL10000102162	(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aging Care Partners, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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	The Articles of Organization for this Limited Liability	Company were filed on	9/30/2010	and assigned
A. If amending name, enter the new name of the limited liability company here: Aging Care Partners, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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	Florida document number L10000102162	 .		,
Aging Care Partners, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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	This amendment is submitted to amend the following:			
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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				
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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	**			RE N
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida				Çm 🍎
New Registered Office Address: Enter Florida street address , Florida			our records, <u>enter</u>	the name of the new
Enter Florida street address	Name of New Registered Agent:			
, Florida	New Registered Office Address:			
		En	ter Florida street add	lress
		. 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:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessar	A CONTROL OF THE PART OF THE P
			ARY OF STATE ASSECTION OF STATE
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Dated	7/1	11 m 7/m/	

Page 2 of 2

Filing Fee: \$25.00