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C. LEWIS FEB 1 4 2013 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Quality Family Care Home Care Services, 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:

Jessenia Velez

Name of Person

Quality Family Care Home Care Services, LLC

Firm/Company

7500 South Dixie Highway

Address

West Palm Beach, Florida 33405

City/State and Zip Code

administrator@qualityfamilycare.info

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

For further information concerning this matter, please call:

Jessenia Velez

,,561<u>,</u>242-9450

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 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

Quality Family Care Home Care Services, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB 13 AM 1: 26

(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L10000110944</u>	mpany were filed on 10/22/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	10 FAIRWAY DRIVE STE 114 DEERFIELD BEACH, FL 33441
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses	red office address on our records, <u>enter the name of the new</u> ss 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 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>	Name	Address 2	ype of Action
MGRM	Juan Velez	10 FAIRWAY DRIVE STE 114	Add
		DEERFIELD BEACH, FL 33441	Remove
MGRM	Jessenia Velez	10 FAIRWAY DRIVE STE 114	Add
		DEERFIELD BEACH, FL 33441	Remove
MGR	Juan Velez	10 FAIRWAY DRIVE STE 128	Add
		DEERFIELD BEACH, FL 33441	Remove
MGR	Jessenia Velez	10 FAIRWAY DRIVE STE 128	Add
		DEERFIELD BEACH, FL 33441	Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	OIVISION OF CORD STATE
	-2013 FEB 13 AM 1: 26
pated $\frac{2/8/13}{2}$.	
Signature of a member or authorized representative of a member Jessenia Uelez	
Typed or printed name of signee	

. . . .

Page 3 of 3

Filing Fee: \$25.00