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B. BOSTICK JUL - 9 2012 EXAMINER

COVER LETTER

TO: Registration Solution of Con				
SUBJECT: Sic	Stra Care S Name of Limi	Solutions LLC ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_	Name of Person		
	Sierra Ca	re Solutions L	<u>LC</u>	
	1251 NE 10	08th Street Apr	t. 415	
	<u>Miani</u> , F	Flori da 33161 City/State and Zip Code		12
	Sierre E-mail address: (sinegal O comcost to be used for future annual report notifica	net ion	
For further information of	concerning this matter, please of			5 F
Sierro Name o	Sinegal of Person	at (<u>609</u>) <u>284 - 37</u> Area Code & Daytime T	785 Selephone Number	A 8:56
Enclosed is a check for t	he 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 enclo	sed)

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

Sierra Care	Solutions	LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperion of the company	ars on our records.)		
The Articles of Organization for this Limited Liabil Florida document number 4/100 0009/7-2		1/24 /2011	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company h	ere:		
Probe & Fixed L. The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "l	LC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
				
Enter new mailing address, if applicable:			(s) <u> </u>	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>			
			75 5 U	
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, enter t	he 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 **Type of Action Title** <u>Name</u> **Address** Kemy Scintville Sierra Sinegal Remove Add 🗌 ☐ Remove 72 <u>⊄</u> Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) already Siema 2012 Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00