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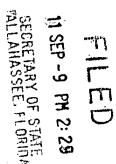
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J. BRYAN

SEP 1 2 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Elite El	derly Care LLC	
		ited Liability Company	
	f Amendment and fee(s) are sul	-	
Please return all corresp	condence concerning this matter	to the following:	
	\$	Sharda Sukhu-Gafoor	- Comment of the second
		Name of Person	SE SE
	E	lite Elderly Care, LLC	
		Firm/Company	- Sh 3 6
	14	757 Cedar Branch Way	SEP-9 PH 2:29
	•	Address	
		Orlando, FL 32824	
		City/State and Zip Code	
	Sha E-mail address: (	arda_gafoor@msn.com to be used for future annual report notification	on)
For further information	concerning this matter, please of	call:	
Share	da Sukhu-Gafoor	at (_646 )610	D-9621
	of Person	Area Code & Daytime Tel	
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)
MAI	LINC ADDRESS.	STDEET/COUDIED	A DDDFSS.

### 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

necare Services LLC			
(Company as it now appears on our records.) Limited Liability Company)			
Company were filed on February 14th, 2011 and assigned			
<u>_</u> . ·			
ited liability company here:			
Elderly Care, LLC			
rds "Limited Liability Company," the designation "LLC" or the abbreviation			
RESS)			
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23			
<b>₹</b> ▼			
tered office address on our records, enter the name of the ne ress here:			
Enter Florida street address			
Enter Provida Sir eer address			
, Florida City Zip Code			
in El (2)			

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 = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Kemove
	<del></del>		Add Remove
			Add Remove
			Add
			Add Remove
		·	Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	)
			Natura Security Secur
			EP-9
Dated	September 1st,	2011 .	PN 2: 28 OF STATE FLORIDA
	Sharac Durnu.	Mapoor	28 28
	•	nber or adthorized representative of a member	
		Sharda Sukhu-Gafoor	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00