

#L/11000033608

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 17 2012

# CHRISTMAS SPANO & OWEN, P.A.

*Attorneys and Counselors at Law*

## REPLY TO RIVERVIEW

3840 REMINGTON GREEN CIR., STE. A  
TALLAHASSEE, FLORIDA 32308  
TELEPHONE: (850) 386-1234  
FACSIMILE: (850) 386-6163

10101 BLOOMINGDALE AVE. STE. 201  
RIVERVIEW, FLORIDA 33578  
TELEPHONE: (813) 677-1112  
FACSIMILE: (813) 677-1151

9350 BAY PLAZA BLVD., STE. 120  
TAMPA, FLORIDA 33619  
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LAUREL C. ACKLEY  
STUART A. CHRISTMAS  
MICHAEL J. OWEN  
V. ROSS SPANO  
BRENT WOODY, OF COUNSEL

April 12, 2012

VIA REGULAR US MAIL  
Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Amendment to Articles of Organization: L & S Care, LLC  
Document No.: L11000033608

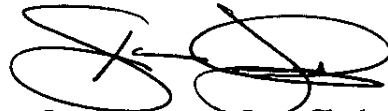
Dear Sir/Madam:

Enclosed for filing, please find the Amended Articles of Organization for L & S Care, LLC, a Florida Limited Liability Company.

Should you have any questions, please call our office. Thank you for your attention to this matter.

Very Truly Yours,

CHRISTMAS SPANO & OWEN, P.A.



Steven Fantetti, Law Clerk to  
V. Ross Spano, Esq.

VRS/scf  
Enclosures  
cc: L-J Goodsell

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: L&S CARE, 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:

Vincent R. Spano

Name of Person

Christmas Spano & Owen, P.A.

Firm/Company

10101 Bloomingdale Ave. Ste. 201

Address

Riverview, FL 33578

City/State and Zip Code

RSpano@csolaw.com

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

For further information concerning this matter, please call:

Vincent R. Spano

Name of Person

at ( 813 ) 677-1112

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**

**L&S CARE, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
12 APR 16 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/21/2011 and assigned  
Florida document number L11000033608.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8829 Cobb Road

**(Principal office address MUST BE A STREET ADDRESS)**

Riverview, FL 33578

Enter new mailing address, if applicable:

9209 Cobb Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Riverview, FL 33578

**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:

Vincent R. Spano

New Registered Office Address:

10101 Bloomingdale Ave. Ste. 201

*Enter Florida street address*

Riverview

, Florida

33578

*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:

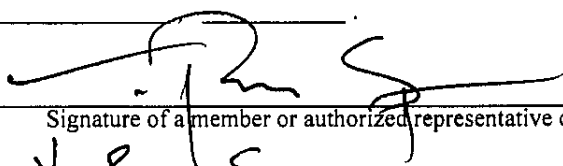
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yvonne Bryant	33266 Ohio Ave. Dade City, FL 33523	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Yvonne Bryant	33266 Ohio Ave. Dade City, FL 33523	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Laura-Jean Goodsell	9209 Cobb Road Riverview, FL 33578	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

J. Ross Spando

Typed or printed name of signee