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2011 NOV 18 PM 2: 10

SECRETARY OF STATE

C. LEWIS

NOV 2 1 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations	45T	*#er ·#s	· 14		*6 ₈₈₄ ,
· Weight	•		,,		٣	49
SUBJECT:			CARE LLC			
	Na	me of Limited	d Liability Company`			
The enclosed Article	s of Amendment and fe	e(s) are subm	itted for filing.			
Please return all corn	espondence concerning	this matter to	the following:			
		HYA	CHINTH E CHE	RRY		
			Name of Person			
			Firm/Company			
		1451	SW MAYWALL	AVE		
			Address			
	 		ST LUCIE, FL			
			City/State and Zip Code			
	E	HYACH	HINTH2114@AT be used for future annua	T.NET	<u>an)</u>	
	£-ma	ii address: (10)	be used for future annua	report nonneau	on)	
For further informati	on concerning this matt	er, please call	! :			
DANIEL L AZEREDO			at (561_)	84	4-4431 lephone Number	****
	me of Person For the following amoun	f·	Area Coo	de & Daytime Te	lephone Number	
	_		COSS OF THE P	o_		na Ess
\$25.00 Filing Fee	\$30.00 Filing Certificate of		\$55.00 Filing Fee Certified Copy (additional copy		Certified	e of Status &

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



2011 NOV 18 PM 2: 10

(Name of the Limited I	HYA CARE LLC	SECRETARY OF STATE urs on of Authoritian SSEE, FLORIDA		
(A f	lorida Limited Liability Company)			
The Articles of Organization for this Limited Lia Florida document number L110000404	bility Company were filed on	APRIL 05,2011 and assigned		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	ere:		
HY	A HOME SERVICES LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B				
(mutting uturess MAT BE A POST OFFICE B	<u></u>			
	· 			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter the name of the new		
registered agent and/or the new registered biti	ce 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
DIR	SAMUEL THOMPSON	PO BOX 1333 WEST PALM BEACH, FL 33402	Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	y.)
- - -			2011 NOV 18 SECRETARY SALLAHASSE
Dated	NOVEMBER 15	2011 . He Change	OF STATE
	Н	YACHINTH E CHERRY yped or printed name of signee	

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Filing Fee: \$25.00