

L11000042245

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 12 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continue Healthcare, 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:

Carlos de Solo

Name of Person

Continue Healthcare, LLC

Firm/Company

9703 South Dixie Highway Suite 101

Address

Miami/FL 33156

City/State and Zip Code

cdesolo@gmail.com

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

For further information concerning this matter, please call:

Carlos de Solo

Name of Person

at (786)

2528269

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Continue Healthcare, L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 4/08/2011 and assigned
Florida document number L11000042245.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

9703 South Dixie Highway

Suite 101

Miami, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9703 South Dixie Highway

Suite 101

Miami, FL 33156

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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:

New Registered Office Address:

9703 South Dixie Highway Suite 101

Enter Florida street address

Miami

City

Florida

33156

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	Carlos A de Solo	9703 South Dixie Highway Suite 101 Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cristina de Solo	9703 South Dixie Highway Suite 101 Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alberto R de Solo	9703 South Dixie Highway Suite 101 Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Managed Healthcare Partners Partners, LLC	9703 South Dixie Highway Suite 101 Miami, FL 33156	<input checked="" 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

Cristina de Solo

Typed or printed name of signee

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CLERK OF DISTRICT COURT