1110000045968

(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	ldress)	
(riu	uicss)	
(Cit	ty/State/Zip/Phon	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Du	onicoo Entity Mai	
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
		•
Special Instructions to	Filing Officer:	
Am		į
•		

Office Use Only



300253632573

11/12/13--01014--004 **30.00

NOV 12 AN IO: 46

E 2000 NOV 1 4 2013

COVER LETTER

TO:	Registration Secti Division of Corpo	rations		
ena n	zer.	LE MI	EDICAL CA	RE, LLC
SUBJI	EC1:		ted Liability Company	
,				
The en	closed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		*	HOA LE	
			Name of Person	
		LE	MEDICA	L CARE, LLC
			Firm/Company	
		\$ 5800	49th street	N suite s-204 _ 33709
			Address	
		SA 17	etesburg, FC	_ 33709
			•	
	,	E-mail address: (JMT. LMC @ to be used for future annual report notificat	ON AIL . COM
For fur	ther information con	cerning this matter, please of		
	Jennith	v Ma	at (727) 52	5-0239
	Name of Po	erson	Area Code & Daytime To	elephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

LE ME	DICAL CARE, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document numberLIIOO6045 9	were filed on \(\begin{align*} \lambda \lamb
This amendment is submitted to amend the following:	FILI MARK MIASSE
A. If amending name, enter the new name of the limited liab	ility company here: mathref{
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LIS" for the abbreviation
Enter new principal offices address, if applicable:	5800 49th Street North
(Principal office address MUST BE A STREET ADDRESS)	Scente 8-204
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	St letersburg, FC 33709 5800 49th Street North Stute S-204 St letersburg, FC 33709
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	V /A
New Registered Office Address: 5800	4914 Street North Sick Enter Florida street address 9-204
St (City X, Florida 33709 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				
Title Na	ıme	Address	Type of Action	
MGRM	TIEN MA	Address 5 800 49th ST Swife S-204 St letersbug	North Add	
DIKECION	/	Suite S-204	Remove	
Co-owner	-	Suite S-204 St fefersbug	FC 33709	
			Add	
			Remove	
			7 <u>A</u> AAA	
			ASSET PREMIOVE	
			FE ORIDA	
			Add	
			Remove	
			Remove	
			Add	
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please add TIEN NA as
	a director (co-numer) of
	le Medical Care, LLC
	· · · · · · · · · · · · · · · · · · ·
Dated	Nov 8,2013,
	Simple U
	Signature of a member or authorized representative of a member HDA LE
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

13 NOV 12 AN 12' 46
SECHETARY OF STATE
TALL LAHASSEF FLORIDA

FILED