

#L11000056401

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/26/13--01013--020 **25.00

K. SALY
EXAMINER
SEP 26 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2013

2CARE HHCA, LLC
GERARD A LAMIA
20361 BEL AIRE DR.
CUTLER BAY, FL 33189

SUBJECT: 2CARE HHCA, LLC
Ref. Number: L11000056401

We have received your document for 2CARE HHCA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000105102 "G & G ENTERPRISE, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00020421

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2Care HHCA, 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:

Gerard A. Lamia

Name of Person

LAMIA GLOBAL ENTERPRISES, LLC

Firm/Company

20361 Bel Aire Drive

Address

Cutler Bay, FL 33189

City/State and Zip Code

gerard@ibc-us.com

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

For further information concerning this matter, please call:

Gerard A. Lamia

Name of Person

at (786) 222-6767

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

2Care HHCA, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 12, 2011 and assigned
Florida document number L11000056401.

This amendment is submitted to amend the following:

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

LAMIA GLOBAL ENTERPRISES, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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	Gwyn Lamia	20361 Bel Aire Drive	<input type="checkbox"/> Add
		Cutler Bay, FL 33189	<input checked="" type="checkbox"/> Remove
Member	Gwyn Lamia	20361 Bel Aire Drive	<input checked="" type="checkbox"/> Add
		Cutler Bay, FL 33189	<input type="checkbox"/> Remove
MGR	Gerard A. Lamia	20361 Bel Aire Drive	<input type="checkbox"/> Add
		Cutler Bay, FL 33189	<input checked="" type="checkbox"/> Remove
MGRM	Gerard A. Lamia	20361 Bel Aire Drive	<input checked="" type="checkbox"/> Add
		Cutler Bay, FL 33189	<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

August 14, 2013

~~X~~ Gerard A. Lamia

Signature of a member or authorized representative of a member

Gerard A. Lamia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

9/20/13

Gerard A. Lamia