L11000067149

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



500236226525

500236226525 06/15/12--01018--003 **50.00

SECRETARY OF STATE DIVISION OF CONFORATION

JUN 2 8 2012 T. HAMPTON

COVER LETTER

Division of Co		· >	· · · ·		
SUBJECT:	SAAFE He	alth Services, LLC			
	Name of Limi	ted Liability Company	······································		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Ms. Tyresa Jacobs			
		Name of Person			
·	SAA	FE Health Services, LLC			
		Firm/Company			
	201	West Plymouth Avenue			
	Address				
	DeLand, FL 32720				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report no	ification)		
For further information	concerning this matter, please of	call:			
Micha	el P. Kelton, Esq.	at (386_)	734-3020		
	of Person		me 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 enclos	\$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

PAUL& ELKIND, P.A.

ATTORNEYS AT LAW

HARLAN L. PAUL †
DARREN J. ELKIND *
MATTHEW D. BRANZ *
MICHAEL P. KELTON
CHRISTOPHER B. PAUL

142 EAST NEW YORK AVENUE DELAND, FLORIDA 32724 PHONE 386-734-3020 FACSIMILE: 386-734-3096 505 DELTONA BOULEVARD SUITE 105 DELTONA, FL 32725 PHONE: 386-574-5634 FACSIMILE: 386-574-5665

†Board Certified Civil Trial Advocate

* Board Certified Civil Trial Lawyer

^LLM in Elder Law

REPLY TO: DeLand

June 13, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: SAAFE HEALTH SERVICES, LLC.

Dear Sir/Madam:

Please find enclosed an original executed Resignation of Member, Managing Member or Manager and original executed Articles of Amendment to Articles of Organization for SAAFE Health Services, LLC, and a check in the amount of \$50.00 for filing fees.

Please return all correspondence concerning this matter to the undersigned and call my DeLand office if you have any questions.

Very truly yours, PAUL & ELKIND, P.A. Attorneys at Law

Michael P. Kelton

MPK Enclosures

PAUL& ELKIND, P.A.

RECEIVED

11 JUN 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ATTORNEYS AT LAW

HARLAN L. PAUL †
DARREN J. ELKIND *
MATTHEW D. BRANZ ^
MICHAEL P. KELTON

142 EAST NEW YORK AVENUE DELAND, FLORIDA 32724 PHONE 386-734-3020 FACSIMILE: 386-734-3096 505 DELTONA BOULEVARD SUITE 105 DELTONA, FL 32725 PHONE: 386-574-5634 FACSIMILE: 386-574-5665

†Board Certified Civil Trial Advocate * Board Certified Civil Trial Lawyer

^LLM in Elder Law

CHRISTOPHER B. PAUL

REPLY TO: DeLand

June 18, 2012

Registration Section
Division of Corporations
Attn: Ms. Tammy Hampton
P.O. Box 6327
Tallahassee, FL 32314

Re: SAAFE HEALTH SERVICES, LLC.

Dear Ms. Hampton:

As we discussed on the phone, I have enclosed the <u>correct</u> executed Amendment to Articles of Organization for SAAFE Health Services, LLC. The filing fee was previously submitted with the incorrect Amendment sent last week. Please file the enclosed Amendment with the Division of Corporations and return the incorrect copy that was submitted last week to my DeLand office in the enclosed stamped envelope.

Your attention and assistance with this matter is greatly appreciated. If you should have any questions, please feel free to contact me at any time

Very truly yours, PAUL & ELKIND, P.A. Attorneys at Law

Michael P. Kelton

MPK , Enclosures

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

12 JUN 15 AM 10: 29

SAAFE Heal (Name of the Limited Liability Cor (A Florida Limit	th Services, LL npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L11000067149	any were filed on	June 8, 2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>·</u>		
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Comp	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS	<u></u>			
Enter new mailing address, if applicable:	·	·		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on here:	our records, <u>enter the name of the new</u>		
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>	Address	Type of Action
MGR	Vanessa Harvey-Lents	P.O. Box 525 Daytona Beach, FL 32115	Add Remove
<u>S</u>	Vanessa Harvey-Lents	P.O. Box 525 Daytona Beach, FL 32115	Add Remove
MGR	Tyresa Jacobs	201 West Plymouth Avenue DeLand, EL 32720	/ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF STA
Dated	June 18 201 Mrs. Diffesa Jac Signature of a member of	2 COLO or authorized representative of a member	
_		sa Jacobs, Manager	
_	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00