

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN  
 Account Number : I20070000020  
 Phone : (813) 435-3176  
 Fax Number : (813) 333-6358

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CONVEYANCE HOLDINGS, LLC**

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TALLAHASSEE, FLORIDA

SEP 29 2011

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Corporate Filing Menu

Help

H110002363673

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CONVEYANCE HOLDINGS, LLC**

(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 07/19/2011 and assigned  
Florida document number L11000083096.

This amendment is submitted to amend the following:

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

ESSENTIAL CARE GROUP, 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)

18952 NORTH DALE MABRY HWY

SUITE 102

LUTZ, FLORIDA 33548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2451 BRICKELL AVE

# 4T

MIAMI, FLORIDA 33129

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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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

New Registered Office Address:

18952 NORTH DALE MABRY HWY STE 102

*Enter Florida street address*

LUTZ

*City*

Florida 33548

*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

H110002363673

H11000 236367 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated

9/28

2011

Signature of a member or authorized representative of a member

NICK Spradlin

Typed or printed name of signee

H11000 236367 3