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SECRETARY OF STATE
ALLIAHASSEE FIORID

D. BRUCE
JUN 0 8 2012
EXAMINER

COVER LETTER

TO:

TO:	Registration Section Division of Corpo					
SUBJE	CCT:	CARE GIVERS F	PLUS HOLDINGS L	.LC		
00001		Name of Limit	ed Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			MALON DEVINE		-	
			Name of Person			
		CARE GIVERS	PLUS OF SOUTH FL	ORIDA LLC		
	Firm/Company			-		
	640 EAST OCEAN AVE STE 16					
	Address		- S.,			
		BOVA	NTON BEACH EL 334	25	E Z) =
		BOYNTON BEACH, FL 33435 City/State and Zip Code		JUN -) CRETARY LAHASSE		
		DEVINEA	NESTHESIA@GMAIL	COM		•
		E-mail address: (t	o be used for future annual repor	t notification)		
For fu	rther information cor	ncerning this matter, please c	all:		STAT LORII	
	MALO	ON DEVINE	_{at (} 561 ₎	6137359	DA A	
	Name of	Person		Daytime Telephone Number	er	
Enclos	sed is a check for the	following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	ate of Status &	
	Registra Division	NG ADDRESS: tion Section of Corporations	Registration Division of C	Corporations		
P.O. Box 6327 Tallahassee, FL 32314			Clifton Build 2661 Execut	ling ive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>US HOLDING</u>	S LLC		
pany as it now appea d Liability Company)	rs on our <u>records.</u>)		
ny were filed on	09/26/2011	/2011 and assigned	
iability company her	<u>re</u> :		
imited Liability Comp	any," the designation	"LLC" or the abbre	viation
		ASS &	and the same of
<u></u>		ASS	
		L.A	
			ान
		85 C	
	our records, enter	r the name of th	e new
 -			
E	nter Florida street a	ddress	
	, Florida		
City		Zip Code	
	iability Company here imited Liability Company in office address on here:	iability company here: imited Liability Company," the designation office address on our records, enterhere: Enter Florida street a , Florida	iability Company here: imited Liability Company," the designation "LLC" or the abbre here: In office address on our records, enter the name of the here: Enter Florida street address , Florida

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

e e 💝 😘

MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = M	Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SHAWN KOON	640 EAST OCEAN AVENUE STE 16 BOYNTON BEACH, FL 33435	Add Remove
MGRM	MARQUESA VIRGO	640 EAST OCEAN AVENUE STE 16 BOYNTON BEACH, FL 33435	✓ Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	FELLING 78 -7
		C. FLURIDA	E STRIE I
Dated	6612		
	MALON DEVINA Signature of a member	or authorized representative of a member	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00