# L11000112419

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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C. LEWIS
FEB 1 4 2013
EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## QUALITY FAMILY CARE MANAGEMENT GROUP, LLC

SUBJECT:

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:

Juan Velez

Name of Person

QUALITY FAMILY CARE MANAGEMENT GROUP, LLC

Firm/Company

7500 South Dixie Highway

Address

West Palm Beach, Florida 33405

City/State and Zip Code

payroll@qualityfamilycare.info

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

For further information concerning this matter, please call:

Juan Velez

<sub>...</sub>561<sub>\</sub>242-9450

Name of Person

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

QUALITY FAMILY CARE MANAGEMENT GROUP, LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB 13 AM 8: 26

## (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 10/03/2011 and assigned Florida document number L11000112419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7500 South Dixie Highway Enter new principal offices address, if applicable: West Palm Beach, Florida 33405 (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 City

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, 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>	Name	Address	Type of Action
MGRM	Velez, Juan F SR	14617 63rd Court North	Add
		Loxahatchee, Florida 33470	Remove
MGRM	Juan Velez	7500 South Dixie Highway	Add
		West Palm Beach, Florida 33405	Remove
			Add
			Remove
<del></del>			Add
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D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) STON	FILE TARY OF COR	TU OF STATE PORATIO
	2013 FEB	13 A	M 8: 26
Dat	ed 2/8/2013		
Dai	Signature of a member or authorized representative of a member  JUAN F VELEZ  Typed or printed name of signee		

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Filing Fee: \$25.00