

L11 000145227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

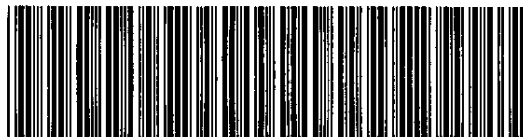
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/15--01049--009 **135.00

FILED
15 MAY - 7 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Gathers MAY 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2015

LISA KAUFMAN-BENSMIHEN
4700 NW BOCA RATON BLVD STE 400
BOCA RATON, FL 33431

SUBJECT: JEWISH HOME CARE SERVICES OF MIAMI-DADE, LLC
Ref. Number: L11000145223

We have received your document for JEWISH HOME CARE SERVICES OF MIAMI-DADE, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00007696

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jewish Home Care Services of Miami-Dade, 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:

Lisa Kaufman-Bensmihen

Name of Person

Jewish Home Care Services of Miami-Dade, LLC

Firm/Company

4700 NW Boca Raton Blvd., Ste. 400

Address

Boca Raton, FL 33431

City/State and Zip Code

lisa@bocahomecare.com

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

For further information concerning this matter, please call:

Lisa Kaufman-Bensmihen at **(561) 989-0441**

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**

Jewish Home Care Services of Miami-Dade, 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 12/29/2011 and assigned
Florida document number L11000145223

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."

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:

Lisa Kaufman-Bensmihen

New Registered Office Address:

4700 N.W 2nd Ave #400

Enter Florida street address

Boca Raton

Florida

33431

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 605, 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.

Lisa Kaufman-Bensmihen
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

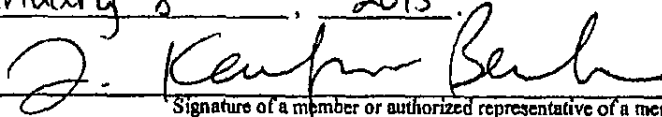
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph Bensmihen	17643 Bocaire Way	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 8, 2015



Signature of a member or authorized representative of a member

Lisa Kaufman-Bensmihen

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

15 MAY - 7 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA