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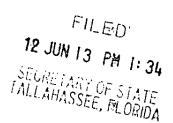
Registration Section

Division of Corporations								
SUBJECT:	NORTH PLATTE CARE CENTER, LLC							
SUBJECT:	Name of Limited Liability Company							
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
•								
,	Bryan Rotella, Esq.							
	Name of Person							
	Ansa Assuncao, LLP							
	Firm/Company							
	100 S. Ashley Drive, Suite 1740							
	Address							
	Tampa, FL 33602							
	City/State and Zip Code							
•	bryan.rotella@ansalaw.com							
	E-mail address: (to be used for future annual report notification)							
For further information co	ncerning this matter, please call:							
Bry	ran Rotella at (813) 221-5206							
Name of	Person Area Code & Daytime Telephone Number							
Enclosed is a check for the								
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	:d)						
Registra Division P.O. Bo:	NG ADDRESS: street/Courier address: Registration Section of Corporations c 6327 see, 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

NORTH PLATTE CARE CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)



()	A Florida Limited L	Liability Company)	`	
The Articles of Organization for this Limited L Florida document numberL1200001		were filed on	01/25/2012	and assigned
This amendment is submitted to amend the foll A. If amending name, enter the new name of	-	ility company her	e:	
The new name must be distinguishable and end wi				LC" or the abbreviation
Enter new principal offices address, if applic				
Enter new mailing address, if applicable:		5265 Office P	ark Boulevard	
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 101		
Bradenton, FL 34203				
B. If amending the registered agent and/ registered agent and/or the new registered or			our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Bryan Rotel	la, Esq.		
New Registered Office Address:	c/o Ansa As		00 S. Ashley Drive er Florida street addr	
		Tampa	, Florida	33602
,		City		Zip Code

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	Address	Type of Action				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
		P	Add Remove				
D. If ameno	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_				
			- -				
_	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_ ·				
Dated	June 8 , 20	ar Bench					
	Signature of a member	or authorized representative of a member					
	Typed	Shari Bench					

Page 2 of 2

Filing Fee: \$25.00