L1200001/885

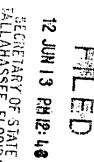
(Requestor's Name)	
(Address)	
(Address)	—
` (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer:	

Office Use Only



600235872436

06/13/12--01015--001 **350.00



D. BRUCE

JUN 14 2012

EXAMINER

COVER LETTER

200

TO: Registration S Division of Co						
SUBJECT:	ROCK RAPIDS	CARE CENTER, LLC				
		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Bryan Rotella, Esq.				
		Name of Person				
Ansa Ass		Ansa Assuncao, LLP				
Firm/Company						
	100 S	i. Ashley Drive, Suite 1740		Se	ಸ	
Address				Z.S.	<u></u>	
Tampa, FL 33602				A A A	JUN 13 BH 12: 48	
City/State and Zip Code			14	IARY OF STAT ASSEE, FLORI	EO	
	brya	n.rotella@ansalaw.com to be used for future annual report notifica		F.F.S	:X:	
		•	uon)	용점	±-	
For further information	concerning this matter, please	call:		DA DA		
В	ryan Rotella	at (813) 22 Area Code & Daytime T	21-5206			
Name	of Person	Area Code & Daytime T	elephone 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 F Certificate of Certified Cop (additional co	Status & y	ed)	

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

7

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

ROCK RA	APIDS CAF	RE CENTER,	LLC		
(Name of the Limited Liz (A Flo	ability Compan	y as it now appears	on our records.)		
. (111	orida Dillined Di	company)			
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	01/25/2012	and assign	ed
Florida document number L1200001188	35 .				
•	·				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabil	lity company here	ı		
	D JAMES TO THE DE	ac, company acre	•		
The new name must be distinguishable and end with the	na worde "Limite	ed Lighility Compan	ay " the decignation "U.I.	C" or the abbr	reviation
"L.L.C."	ic words Dilling	cd Elability Compan	y, the designation is:	C of the tool	CVILLION
P-4				28:	~
Enter new principal offices address, if applicable:				<u> </u>	
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>				<u> </u>
				ASS.	-
				, mo	
Enter new mailing address, if applicable:		5265 Office Pa	ark Boulevard	- 53	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 101		TAI ORi	ريا ح
		Bradenton, FL	. 34203	DA	G
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	<u>e address here</u>	:			
Name of New Registered Agent:	Bryan Rotell	a, Esq.			
New Registered Office Address:	New Registered Office Address: c/o Ansa Assuncao, LLP, 100 S. Ashley Drive, Suite 1740				
New Registered Office Pragress.	Enter Florida street address				
		Tampa	. Florida	33602	
•	<u> </u>	City	, гюгша	Zip Code	
New Registered Agent's Signature, if changing Reg	jstered 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

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	· ————————————————————————————————————		Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Add Remove SECRETARY
			ARY OF STATE SSEE, FLORIDA
Dated	June 8 , 20	012 .	
	Signature of a member	r or authorized representative of a member	
	Tyned	Shari Bench	

Page 2 of 2

Filing Fee: \$25.00