

Apr 12 2012 5:37PM

L12000043205

Florida Department of State
Division of Corporations
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(((H12000097283 3)))



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APR 13 2012
L. SELLERS

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELEVATED HEALTHCARE ENTERPRISES LLC**

Certificate of Status	0
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Page Count	03
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Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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ELEVATED HEALTHCARE ENTERPRISES 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 03/28/2012 and assigned
Florida document number L12000043205

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:

HEGEL M LAURENT, ESQ

New Registered Office Address:

WELLS FARGO BANK TOWER, 12650 BISCAYNE BLVD, STE 800

(Enter Florida street address)

MIAMI

Florida

33181

(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 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)

Pt

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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:

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MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHAD CHEVALIER	13261 SW 44TH STREET DAVIE FLORIDA 33330	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TAHRIK GOOMBS	8369 EMERALD WINGS CIRCLE BOYNTON BEACH FLORIDA 33473	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated APRIL 10 2012



Signature of a member or authorized representative of a member

TRAMAINE SMITH

Typed or printed name of signee