12000109180

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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I. SAULSBERRY EXAMINER FEB 11 2012

COVER LETTER

TO:	Registration Section
	Division of Corporation

Deserved Care, 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:

Michael L. Morgan, Esquire

Name of Person

Morgan Dramis, P. A.

Firm/Company

2364 Fruitville Road

Address

Sarasota, Florida 34237

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael L. Morgan, Esq.

941,953-4555

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

Deserved Care, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number <u>L12000109180</u>	ompany were filed on August	23, 2012 and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," tl	he designation "LLC" or the ab	breviation
Enter new principal offices address, if applicable:	***		
(Principal office address MUST BE A STREET ADDR	ESS)	23 8	- Party Control
	····	E	1.1
		÷ 6	¥
Enter new mailing address, if applicable:		30 3	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		5	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ecords, enter the name of	the new
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florida	
	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

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
MGRM	John Reed	725 Porpoise Road	Add
		Venice, FL 34293	Remove
			Add
			Remove
			Add
			Remove 3
			-8 - Add
			Remove
			Remove
			Add
			Remove

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,
Signature of a member or authorized representative of a member
Janette Brown Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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