

L12 000 117 080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

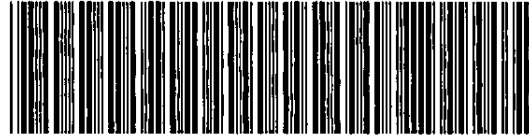
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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replied

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **ICARE HOME HEALTH 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:

SHAUNTE BROWN

Name of Person

BROWN & ASSOCIATES ENTERPRISE, LLC

Firm/Company

PO BOX 15142

Address

WEST PALM BCH, FL 33416

City/State and Zip Code

shaunte33416@gmail.com

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

For further information concerning this matter, please call:

SHAUNTE BROWN

Name of Person

at (**561**) **282-8005**

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**

ICARE HOME HEALTH CARE, 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 09/13/2012 and assigned
Florida document number L12000117080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BROWN & ASSOCIATES ENTERPRISE, LLC

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)

PO BOX 15142

WEST PALM BCH, FL 33416

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:

New Registered Office Address:

Enter Florida 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.

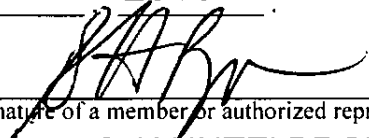
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

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 ADDITIONAL INFORMATION
 ADDITIONAL INFORMATION
 ADDITIONAL INFORMATION

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

Dated **NOVEMBER 13 2013**


Signature of a member or authorized representative of a member

SHAUNTE' BROWN

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
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CLERK OF DISTRICT COURT
MILWAUKEE, WISCONSIN