

L120000133284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 29 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

HEART OF CARING INSTITUTE OF EXCELLENCE LLC
MYRLANDE TIMOTHEE
7200 LAKE ELLENOR DR.
ORLANDO, FL 32809

SUBJECT: HEART OF CARING INSTITUTE OF EXCELLENCE LLC
Ref. Number: L12000133284

We have received your document for HEART OF CARING INSTITUTE OF EXCELLENCE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00028194

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heart of Caring Institute of Excellence
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:

Myrlande Timothee

Name of Person

Heart of Caring Institute of Excellence

Firm/Company

7200 Lake Ellenor Drive

Address

Orlando, Florida 32809

City/State and Zip Code

heartofcaringinst@yahoo.com

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

For further information concerning this matter, please call:

Myrlande Timothee

Name of Person

407 923-0154

at ()

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**

Heart of Caring Institute of Excellence

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

FILED
12 NOV 28 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Heart Of Caring Institute of Excellence and assigned
Florida document number L1200013284 L12000133284

This amendment is submitted to amend the following:

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

Heart of Caring Institute 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)

7200 Lake Ellenor Drive

Orlando, Florida 32809

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:

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

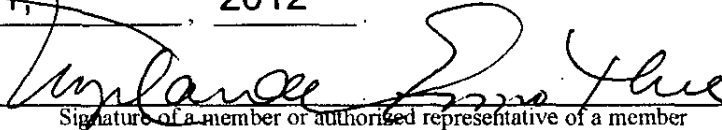
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Myrlande Timothee	226 Red maple Drive Kissimmee. Florida 34743	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated November 21, 2012



Signature of a member or authorized representative of a member

Myrlande Timothee

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00