L12000 15095

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u></u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeoid mississions to 1 ming officer.

Office Use Only



000263383430

08/26/14--01018--005 **30.00

SEP O A 2014 J. HARRIS

COVER LETTER

TO:

Registration Section **Division of Corporations**

GEO Care Holdings, 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:

Kathy Powell

Name of Person

GEO Care Holdings, LLC

1283 Murfreesboro Road, Ste. 500

Nashville, TN 37217

City/State and Zip Code

licensing@correctcaresolutions.com

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

For further information concerning this matter, please call:

Kathy Powell

at (615) 815-2794

Daytime Telephone Number

Name of Person

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

GEO Care Holdings, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L12000150950	y Company were filed on 12/3/2012	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
Correct Care Holdings, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	SEC
		S 35
		26 F CC
Enter new mailing address, if applicable:		<u>고</u> 한유
(Mailing address MAY BE A POST OFFICE BOX)		
		#20
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	timer From the Suger (address	
	, Florid	la Zip Code
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$ \dot{M}GR = M $ $ \dot{A}MBR = A $	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
•			
	·		Remove
			Add
			□ Remove
			T VIST
			JANE 26
·			□ Remove \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			1:42
			□ Add
•	. • •	·	C Remove
			 .
			A dd
			□ Remove
•			<i>.</i>
		·	
			Remove

•	
	•
the date this document	ther than the date of filing: (optional) be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
Effective date, if or (The effective date must the date this document Dated August	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
the date this document	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)
the date this document	be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00