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TALLAHASSEE FLORIDA

JAN 14 2015
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARE PARTNERS NURSING SERVICES, 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:

COURTNEY. G. KEISE

Name of Person

CARE PARTNERS NURSING SERVICES, LLC

Firm/Company

3810 INVERRARY BLVD. SUITE 201

Address

LAUDERHILL, FL. 33319

City/State and Zip Code

courtneyk67@gmail.com

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

For further information concerning this matter, please call:

Courtney .G. Keise

at ()

954

733-7389

Name of Person

Area Code

Daytime Telephone Number

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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

Care Partners Nursing Services, LLC

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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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Odette Potter	3810 Inverrary Blvd.	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Lauderhill, FL. 33319	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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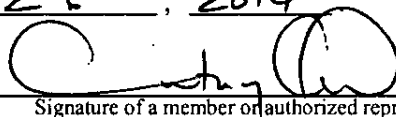
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 26, 2014



Signature of a member or authorized representative of a member

Courtney G. Keise

Typed or printed name of signee

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Filing Fee: \$25.00

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