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> JAN 1.4 2015 D. BRUCE

# **COVER LETTER**

TO: Registration Se Division of Cor		
CARE PA	ARTNERS NURSING SERVICES, LLC	
SUBJECT:	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:	
	COURTNEY. G. KEISE	
	Name of Person	<del></del>
	CARE PARTNERS NURSING SERVICES, LLC	
	Firm/Company	
	3810 INVERRARY BLVD. SUITE 201	
	Address	
	LAUDERHILL, FL. 33319	TAL SE
	City/State and Zip Code	CAHAA 10EC
	courtneyk67@gmail.com	<u> </u>
For further information co	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:	
Courtney .G. Keise	954 733-7389	ORID ORID
Name of	f Person Area Code Daytime Telepho	one Number
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status 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

Care Partners Nursing Sen				
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Li-	ability Company were filed on March 4, 2013	aı	nd assi	gned
Florida document number L13000032591	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "LLC" or t	he abbrevia	ition "L.	L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		- 23	
		- <del> </del>	30	
B. If amending the registered agent and/o	or registered office address on our records, ent	er the to	ammayo	f the ne
registered agent and/or the new registered of	fice address here:	- E.O.		
		T.S	₽ ¥	M
Name of New Registered Agent:		_ <u>25</u>	<u>:</u>	
New Registered Office Address:		A Tr	9	
•	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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Odette Potter	3810 Inverrary Blvd.	
		Suite 201	Remove
		Lauderhill, FL. 33319	
			Add
			□ Remove
			<u>.                                    </u>
			Add
			□ Remove
			Add 201
		·	A TE Response TO A SS
		···	PROPERTY OF STREET
	•		Remove
			Add
			Remove

·	
e effectiv	late, if other than the date of filing: (optional)  date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
e effectiv e date thi	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e effectiv te date thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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