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## **COVER LETTER**

	Registration Sec Division of Corp		·			
		RE PARTNERS NURSING SI	ERVICES, LLC			
SUBJEC	.l:	Name of Limi				
The encl	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspon	dence concerning this matter	to the following:			
		COU	JRTNEY 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@ş	gmail.com to be used for future annual report notificat	T		
For furth	er information co	ncerning this matter, please ca		10(1)		
Courtne	y G. Keise		954 733 - 7389			<b>.</b>
	Name of	Person	Area Code Daytime Te	lephone Number	, 1	
Enclosed	is a check for the	: following amount:				
<b>■</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional c	e of Stati Copy	•

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 SERVICES, LLC

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

he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  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)  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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida tyreet address  Enter Florida tyreet address  Enter Florida tyreet address  Liberely accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rowisions 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 weing filed to merely reflect a change in the registered affects address. I bereby confirm that the limited liability	(A FIORRI	Limited Claomity Company)		
Christal advanced number L13000032591  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS.  Enter new mailing address MAY BE A POST OFFICE BOX.  3. 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 Agent:  New Registered Office Address:  Enter Florida street address approximation as registered agent and agree to act in this capacity. I further agree to comply with the revisions of all statutes relative to the proper and complete performance of my duties, and I am familian with and except the obligations of my position as registered agent as provided for in Chapter 605. E.S. Or. if this document is weight filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability	The Articles of Organization for this Limited Liability Co	ompany were filed on March 4, 2	013	and assigned
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  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)  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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida				~
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  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)  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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Enter Florida street address  Lip Code  Sew Registered Agent's Signature, if changing Registered Agent:  Thereby 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 agent as provided for in Chapter 605. F.S. Or, if this document is	This amendment is submitted to amend the following:			
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)  3. 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 type of the Address:  Enter Florida type of the appointment as registered agent and agree to act in this capacity. I further agree to comply with the revisions of all stantes 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	A. If amending name, enter the new name of the limit	ted liability company here:		
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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. Thereby confirm that the limited liability	New Registered Agent's Signature, if changing Registered	l Agent:		
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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ronald Citrin	3810 Inverrary Blvd.	
		Suite 201	■ Remove
		Lauderhill, FL. 33319	□ Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			Remove
		-	Change
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			Change
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Effective	date, if other	than the date	of filing:			(ontio	nal)	
lf an effecti <u>Note:</u> - If t	ve date is listed, t he date inserted	he date must be sp	ecific and cam ses not meet	not be prior to da the applicable :	e of filing or more t	than 90 days after t	filing.) Pursuant to 6 date will not be li	05.0207 sted as
		delayed effe the record i		e, but not an	effective time	e, at 12:01 a	.m. on the ear	lier of
Dated			· -					
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		امدا	/		representative of a			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00