L13 0000 32591

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
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COVER LETTER

TO:	Registration Sec Division of Corp			e
enn II		RTNERS NURSING SERVIC	CES, LLC	
SUBJI	.C.1:	Name of Lim	ited Liability Company	
The en	closed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		COUR	TNEY G. KEISE	
			Name of Person	
		CARE PARTNE	ERS NURSING SERVICES, LLC	
		Firm/Company		
		3810 INVERRARY BLVD., Sie, 201		
		Address		
		LAUDERHILL, FL. 33319		
			City/State and Zip Code	
		<u>courtnevk67</u> E-mail address: (முறைவி.com to be used for future annual report notifi	cation)
For fur	ther information co	ncerning this matter, please c	all:	
COUR	TNEY G. KEISE		954 733 - 07389	
	Name of	Person		Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$2:	5.00 Fiting 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

CARE PARTNERS NURSING	SERVICES, LLC	2019 8	27 PM 12: 10
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears of orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L13000032591	ity Company were filed on MAR	RCH 4, 2013	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here	<u>:</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	-		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>e</u>	nter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floride	i street address	
-		, Floric	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR DELROY PRYCE	3810 INVERRARY BLVD., Stc. 201		
		LAUDERHILL, FL. 33319	
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
		□ Change	
		Remove	
			Change
		□ Remove	

9. µramen —	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> 1	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	
	Signature of a member or authorized representative of a member
	COURTNEY G. KEISE Typed or printed name of signer