

OCT-25 2013 13:30

MACFARLANE FERGUSON

727 442 8470 P.01

U13000146706

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000237756 3)))



H130002377563ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

****Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.****
Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMPREHENSIVE CASE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	0X5
Estimated Charge	\$25.00

RECEIVED

13 OCT 25 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2013
T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Comprehensive Case Management, 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:

David R. Phillips, Esq.

Name of Person

Macfarlane Ferguson & McMullen

Firm/Company

625 Court Street, Suite 200

Address

Clearwater, FL 33756

City/State and Zip Code

drp@macfar.com

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

For further information concerning this matter, please call:

Jill Mossor

Name of Person

727 441-8966

at ()

Area Code & Daytime Telephone Number

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

FILED
2013 OCT 25 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Comprehensive Case Management, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 17, 2013 and assigned
Florida document number L13000146706.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

P.O. Box 1119

St. Petersburg, FL 33701

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 office address here:

Name of New Registered Agent:

New Registered Office Address:

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

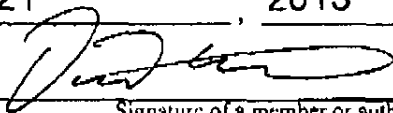
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 OCT 25 PM 8:11
 FILED
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 21, 2013



Signature of a member or authorized representative of a member

David R. Phillips, Esq.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 OCT 25 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA