

#L13000166124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

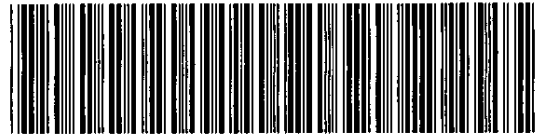
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 MAY 13 PM 4: 01
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 MAY 13 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 14 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COMFORT CARE ONE, LLC

Signature _____

Requested by: SETH 05/12/14
Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
FOR
COMFORT CARE ONE, LLC**

FILED
2014 MAY 13 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization of **COMFORT CARE ONE, LLC**, a Florida limited liability company (the "Company") originally filed with the Department of State of the State of Florida on November 27, 2013, are hereby amended and restated in their entirety pursuant to Chapter 605 of the Florida Revised Limited Liability Company Act (the "Act") as follows:

ARTICLE 1. - NAME:

The Name of this Limited Liability Company ("Company") shall be:

COMFORT CARE ONE, LLC

ARTICLES 2. - ADDRESS

This mailing address and street address of the principal office of the Company is:
1506 Collins Avenue, Miami Beach, Florida 33139.

ARTICLES 3. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLES 4. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of the current manager is:

Orlando J. Valdes
1506 Collins Avenue
Miami Beach, Florida 33139

Orlando J. Valdes

Signature of a member or an authorized representative of a member

(In accordance with section 605, Florida Statutes, the execution of this affidavit contributes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **COMFORT CARE ONE, LLC**
2. The name and the Florida street address of the registered agent are:

Orlando J. Valdes
NAME

1506 Collins Avenue

Florida street address

Miami Beach, Florida 33139

City, State and Zip

Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent.

Orlando J. Valdes

SIGNATURE