

L13000168434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

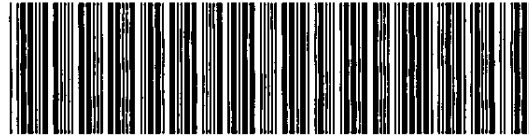
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600253930876

12/20/13--01019--006 **55.00

APPROVED
AND
FILED

13 DEC 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 23 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE CARE SOLUTIONS, 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:

STUART R. MORRIS, ESQ.

Name of Person

MORRIS LAW GROUP

Firm/Company

7284 W. PALMETTO PARK RD #101

Address

BOCA RATON, FL 33433

City/State and Zip Code

SMORRIS@LAW-MORRIS.COM

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

For further information concerning this matter, please call:

STUART R. MORRIS, ESQ. at 561 750-3850

Name of Person

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

MORRIS LAW GROUP
Wealth Preservation Attorneys

Stuart R. Morris, Esq.
Board Certified: Wills, Trusts & Estates
Certified Public Accountant
SMorris@Law-Morris.com

Gregory S. Bloshinsky, Esq.
GBloshinsky@Law-Morris.com

Ian S. Horowitz, Esq., LL.M.
IHorowitz@Law-Morris.com

**7284 West Palmetto Park Road
Suite 101
Boca Raton, Florida 33433**
Telephone: 561-750-3850
Fax: 561-750-4069
E-Mail: *Info@Law-Morris.com*
Website: *www.Law-Morris.com*

Practicing Exclusively In:
Estate & Gift Tax Planning
Asset Preservation Planning
Wills & Trusts
Business Structuring &
Succession
Domestic & International Tax Planning
Probate & Trust Administration
Special Needs Planning

December 19, 2013

Via FedEx
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Life Care Solutions, LLC
Our File No.: 23075.001

To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization regarding the above-referenced entity together with our firm's check in the amount of \$55.00.

It would be appreciated if you would please return the certified copy of the Articles of Amendment to my attention at our Boca Raton address referenced above via FedEx using our FedEx account number, which is: 152651694.

Thank you and should you have any questions in this regard, please do not hesitate to contact me.

Sincerely,

MORRIS LAW GROUP



Laura E. Ahlers
Paralegal
Enclosures

ADDITIONAL OFFICES:

Aventura: 20801 Biscayne Boulevard, Suite 304, Aventura, FL 33180 • 305-682-8330
West Palm Beach: 777 South Flagler Drive, West Tower, Suite 800, West Palm Beach, FL 33401 • 561-805-9533

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

APPROVED
AND
FILED
13 DEC 20 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIFE CARE SOLUTIONS, 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 DECEMBER 5, 2013 and assigned Florida document number L13000168434.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIFE PLAN SOLUTIONS, LLC

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)

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

APPROVED
AND
FILED

13 DEC 20 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated

December 19, 2013

Signature of a member or authorized representative of a member

STUART R. MORRIS, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00