

L14000014521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

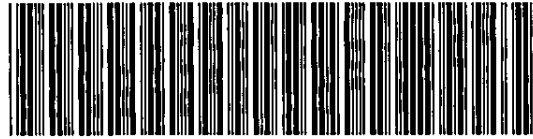
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY 27 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

53



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2014

ANAELY TORRES  
13190 SW 134TH ST STE 201  
MIAMI, FL 33186

SUBJECT: LENIN & ASSOCIATES, LLC  
Ref. Number: L14000014521

We have received your document for LENIN & ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00009382

**COVER LETTER**

**TO: Registration Section,  
Division of Corporations**

**SUBJECT:** Lenin 3 Associates, 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:

Anaely Torres  
Name of Person

Lenin 3 Associates  
Firm/Company

13190 SW 134th Street Ste 201  
Address

Miami, FL 33186  
City/State and Zip Code

anaely.torres@leninhomecare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anaely Torres at 305, 586-4510  
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

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

Lenin 3 Associates 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 1/27/2014 and assigned Florida document number L14000014521

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 "L.L.C." 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

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**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PTD</u>	<u>Anaely Torres</u>	<u>13190 SW 134th ST</u> <u>STE 201</u> <u>Miami FL 33186</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Ileana Alvarez</u>	<u>13190 SW 134th ST</u> <u>STE 201</u> <u>Miami FL 33186</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Anaely Torres</u>	<u>13190 SW 134th</u> <u>STE 201</u> <u>miami, FL 33186</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Ileana Alvarez</u>	<u>13190 SW 134th STE 201</u> <u>miami, FL 33186</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

SECTION 100, CHAPTER 317, STATUTES OF FLORIDA  
 14 MAY 27 PM 1:15  
 TALLAHASSEE, FLORIDA

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

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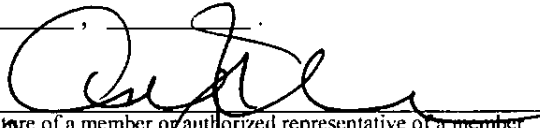
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4/23/2014



Signature of a member or authorized representative of a member

Anaely Torres

Typed or printed name of signee

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14 MAY 27 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.