

# L14000026641

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPECIAL CARE PROVIDERS OF AMERICA, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SPECIAL CARE PROVIDERS OF AMERICA, 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 02/14/2014 and assigned  
Florida document number L14000026641

This amendment is submitted to amend the following:

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

Special Care Providers of Fort Lauderdale, 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)

201 East Sample Road 7th Floor

Pompano Beach FL, 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 East Sample Road 7th Floor

Pompano Beach FL, 33064

**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:

Corporate Creations Network Inc.

New Registered Office Address:

11380 Prosperity Farms Road #221E

Enter Florida street address

Palm Beach Gardens

Florida 33410

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.*

**Kristine Roy, Special Secretary**

*[Signature]*  
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>                   |
|--------------|-------------|--------------------------------|---|
| MGR          | Paul Page   | 201 East Sample Road 7th Floor | <input checked="" type="checkbox"/> Add |
|              |             | Pompano Beach FL, 33064        | <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         |

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TALLAHASSEE, FLORIDA

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

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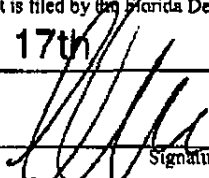
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17th, 2014



Signature of a member or authorized representative of a member

Paul Page, Manager by: Kristine Roy, Attorney-in-Fact

Typed or printed name of signee

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HEREIN IS UNCLASSIFIED

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