## <u> 140000 92570</u>

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## Attention: Dionne Scott

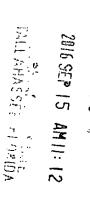
Yale Care LLC. Document Number L4000092350

I over pay the amount of 61.25 with the check # 1029 sending the wrong document form.

Can you return the amount of \$36.25 on the name of Yamileth Borges at 1091 NW 31<sup>st</sup> Ave. Pompano Beach, Fl. 33069

Thank you

Eliseo Leonardo Leon





## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations			
Yale Care LLC.			
7	lame of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the	following:	
Eliseo Leonardo Leon			and a second
Name of Person			SECT
YALE CARE LLC			新 元
Firm/Company			ARY OF ARSSEL
1091 NW 31st Avenue, Suit C-5			15 PH 2 47 ARY OF STATE ASSEE, FLORID
Address			DH: 1
Pompano Beach, Fl. 33069			
City/State and Zip Cod	e	<del></del>	
yalecarellc@gmail.com			
E-mail address: (to be used for future	annual report noti	fication)	
For further information concerning this matt	ter, please call:		
Eliseo Leonardo Leon	954 at (	397-0660	
Name of Person		Area Code & Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the following	ing amount:		
<b>☑</b> \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YALE CARE LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number L14000092530	were filed on <u>06/10/2014</u>	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	1091 NW 31st AVENUE SUIT C-5	
Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH	
	FLORIDA 33069	
nter new mailing address, if applicable:	3630 NW 23th PLACE	
Mailing address MAY BE A POST OFFICE BOX)	COCONUT CREEK	
	FLORIDA 33066	
If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the
New Registered Office Address:	Enter Florida street address , Florida	SEP PR
<del></del>	City	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:		<b>35</b> 5

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELISEO LEONARDO LEON	1091 NW 31st AVE. SUIT C-5	Add
		POMPANO BEACH, FL. 33069	☐ Remove
			☐ Change
MGR	YAMILETH BORGES	1091 NW 31 AVE. SUIT C-5	
		POMPANO BEACH, FL. 33069	Remove
			Change
			Add
			Remove
			☐ Change
			Add
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Page 3 of 3

Filing Fee: \$25.00