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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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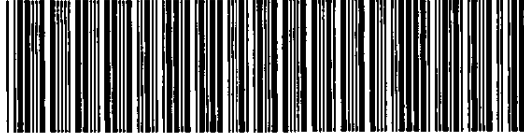
(Business Entity Name)

(Document Number)

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15 DEC 22 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DEC 22 2015  
J. G. WILSON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2015

JOSE SOTOMAYOR  
357 ALMERIA AVE SUITE 102  
CORAL GABLES, FL 33134

SUBJECT: CARE PLUS INFUSION, LLC  
Ref. Number: L14000122805

We have received your document for CARE PLUS INFUSION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 III  
Registration/Qualification Section

Letter Number: 615A00025134

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Care Plus Infusion LLC

DOCUMENT NUMBER: L14000122805

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Sotomayor  
Name of Contact Person  
Care Plus Infusion LLC  
Firm/ Company  
357 Almaria Ave Suite 102  
Address  
Coral Gables FL 33134  
City/ State and Zip Code  
soto1234@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Sotomayor at ( 305 ) 460 8600  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Care Plus Infusion 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 8/5/14 and assigned Florida document number L14000122805.

This amendment is submitted to amend the following:

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

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

Enter Florida street address

Florida

City

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

NA

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	LYNN MARIE POLLACK	11751 Royal Palm Blvd 102	<input type="checkbox"/> Add
		Coral Springs FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Lamoureux	1623 Collins Ave Apt 920	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/22/15

Signature of a member or authorized representative of a member

Jose Soto Mayor  
Typed or printed name of signee

Typed or printed name of signee