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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
. <u>-</u>	Office Use On	ly



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J. Shivers OCT 2. 2014

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Т О :	 Registration Section Division of Corporat 	tions' '	ي الأفلاحي . الما الأفلاحي .	ř.
		TOP CHOICE	HOME CARE LLC	
SUBJ	ECT:	Name of Lim		
The e	nclosed Articles of Amer	idment and fee(s) are sub	nitted for filing.	
Please	e return all correspondenc	ce concerning this matter	to the following:	
			CASWALL HART	
			Name of Person	
		CAREG	VER CONSULTING, IN	C
			Firm/Company	
		13899 BISCAYNE BLVD., SUITE 314		E 314
	_		Address	
			MIAMI, FL 33181	
	_			
	E-mail address: (to be used for future annual report notification)			
For fu	urther information concer	ning this matter, please ca		
	SWALL HART	5 /1	786 514-91	77
	Name of Perso	<u>אר</u>	at ()	time Telephone Number
Enclo	sed is a check for the foll	lowing 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/COU Registration Sec	RIER ADDRESS: etion
		Corporations	Division of Cor	porations
			Clifton Building 2661 Executive	

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2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT to ARTICLES OF ORGANIZATION of TOP CHOICE HOME CARE LLC

(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on October 6th 2014 and assigned Florida document number L14000155435.

This Amendment is submitted to amend the following:

A. ARTICLE I – New Name of Limited Liability Company:

TOP CHOICE AMERICAN HOME CARE LLC

B. ARTICLE V - Name and address of person(s) authorize to manage the LLC:

