# L14000156052

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

National Care Providers, 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:

**Gary Wikel** 

Name of Person

The Republic Group, Inc.

Firm/Company

444 Brickell Avenue, Suite 51-446

Address

Miami, Fl. 33131

City/State and Zip Code

gswmia@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gary Wickel** 

**,**,,305,728-5152

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

National Care Providers, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number L14000156052		and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or th	ne abbreviation "l	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 of registered agent and/or the new registered office address here	·	er the name	of the ne
Name of New Registered Agent:	_	3 t. ()	
New Registered Office Address:		ATA ATA	
New Registered Office Address.	Enter Florida street address	100 m	1
	, Florida		<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Kode	ELWANT OF
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action Title Address Name** 6534 ROYER AVE **AMBR** Twin Eagle Resources, LLC. ■ Add WEST HILLS CA 91307 3 Arterial Hostos Avenue Alliance Unlimited, LLC. MGR **Suite 1006** ■ Remove San Juan, Puerto Rico 00918 3 Arterial Hostos Avenue **AMBR** Alliance Unlimited, LLC. **Suite 1006** ☐ Remove San Juan, Puerto Rico 00918 444 Brickell Avenue, Suite 51-446 MGR The Republic Group, Inc. Miami, Fl. 33131 ☐ Remove □ Add ☐ Remove

•	enter change(s) here: (Attach additional s	, , , , , , , , , , , , , , , , , , ,
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	of filing:  prior to date of receipt or filed date and cannot be more Department of State)	(optional) than 90 days after
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Filing Fee: \$25.00

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