

L14000158819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2015

CARIDAD FINKERNAGEL
104 BANYAN LANE
ROYAL PALM BEACH, FL 33411

SUBJECT: YOUR CARE SOLUTIONS, LLC
Ref. Number: L14000158819

We have received your document for YOUR CARE SOLUTIONS, LLC and your check(s) totaling \$43.75. 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 II
Registration/Qualification Section

Letter Number: 215A00010855

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: YOUR CARE SOLUTIONS, LLC

DOCUMENT NUMBER: L 14000158819

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

Please return all correspondence concerning this matter to the following:

CARIDAD FINKERNAGEL

Name of Contact Person

YOUR CARE SOLUTIONS, LLC

Firm/ Company

104 BANYAN LANE

Address

ROYAL PALM BEACH, FLORIDA 33411

City/ State and Zip Code

Cari.finkernagel @ g. mail. com.

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

For further information concerning this matter, please call:

CARIDAD FINKERNAGEL

Name of Contact Person

at (561) 603-6354

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**

YOUR CARE SOLUTIONS, 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 OCTOBER 10, 2014 and assigned Florida document number L 14000158819.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2101 VISTA PARKWAY, SUITE 221
WEST PALM BEACH, FLORIDA, 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

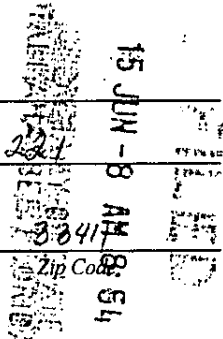
2101 VISTA PARKWAY, SUITE 221
WEST PALM BEACH, FLORIDA, 33411

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:

New Registered Office Address:

2101 VISTA PARKWAY, SUITE 221
Enter Florida street address
WEST PALM BEACH, Florida
City



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.

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>
<u>D^g</u>	<u>CARIDAD FINKERNAGEL</u>	<u>2101 VISTA PARKWAY, SUITE 221</u>	<input checked="" type="checkbox"/> Add
		<u>WEST PALM BEACH, FLORIDA</u>	<input type="checkbox"/> Remove
		<u>33411</u>	<input type="checkbox"/> Change
<u>CFO</u>	<u>CARIDAD FINKERNAGEL</u>	<u>2101 VISTA PARKWAY, SUITE 221</u>	<input checked="" type="checkbox"/> Add
		<u>WEST PALM BEACH, FLORIDA</u>	<input type="checkbox"/> Remove
		<u>33411</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NA

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.

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 JUNE 04, 2015, 2015.

CARIDAD FINKERNAGEL
Signature of a member or authorized representative of a member

CARIDAD FINKERNAGEL
Typed or printed name of signee

15 JUN - 8 AM 8:54