

C14000180965

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2017-12-22 16:02:18 CST

12122023573 From: Kimberly Laughrey

12/22/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From: Account Name : C T CORPORATION SYSTEM
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARING PEOPLE MEDICARE SERVICES LLC

Certificate of Status	0
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J. LEGGETT
DEC 26 2017

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FAX COVER SHEET

TO	---
COMPANY	
FAXNUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2017-12-22 16:01:54 CST
RE	Caring People Midicare Services LLC

COVER MESSAGE

Patrick Duffy
Associate Fulfillment Specialist
Global Fulfillment Operations
CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



Wolters Kluwer

1209 Orange Street Wilmington, DE 19801.
www.wolterskluwer.com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caring People Medicare Services 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 November 21, 2014 and assigned
Florida document number L14000180969.

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**)

Enter new mailing address, if applicable:

(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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

(Enter Florida street address)

Plantation


City

Florida 33324

Zip Code

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.

 **LAUREN KREATZ**
(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	Gregory M. Barr	1560 Sherman Ave. Suite 1200	<input checked="" type="checkbox"/> Add
		Evanston, IL 60201	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Gustafson	1560 Sherman Ave. Suite 1200	<input checked="" type="checkbox"/> Add
		Evanston, IL 60201	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven East	5300 West Atlantic Blvd Suite 201	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steven East	701 South Olive Ave, Apt 1702	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11-11-11

17 DEC 22 AM 10:11

FILED

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 December 21, 2017

Signature of a member or authorized representative of a member

Steven East

Typed or printed name of signee