

Division of Corporations

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**L14000181445**

Florida Department of State  
Division of Corporations  
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(((H18000111954 3)))



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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CARING WHEELS, LLC

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**FAX COVER SHEET**

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	4/9/2018 1:25:34 PM PDT
RE	((H18000111954 3)))ALPHA PROCUREMENT SOLUTIONS,
LLC - LZ#524685630	

**COVER MESSAGE**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARING WHEELS, 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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N. Brand Blvd., 11th Floor

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

autopartexp@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☒ \$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

CARING WHEELS, 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 11/24/2014 and assigned Florida document number 114000181445.

This amendment is submitted to amend the following:

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

ALPHA PROCUREMENT SOLUTIONS, LLC.

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

Enter new principal offices address, if applicable:

3670 N.W. 16TH STREET

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33311

Enter new mailing address, if applicable:

3670 N.W. 16TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33311

**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:

3670 N.W. 16TH STREET

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33311

*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.*

If Changing Registered Agent, Signature of New Registered Agent

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

ARTICLE IV - UPDATING THE ADDRESS LISTED FOR MANAGERS MARK D. MILWICK AND PAMELA MILWICK TO:

3670 N.W. 16TH STREET, FORT LAUDERDALE, FL 33311

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03-28-18

Mark D. Milwick

Signature of a member or authorized representative of a member

MARK D. MILWICK

Typed or printed name of signer

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Filing Fee: \$25.00

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