## Electronic Filing Cover Sheet

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|-------|---------------------------------------|---------------|
| To:   |                                       |               |
|       | Division of Corporations              | - 基端 <b>ぴ</b> |
|       | Fax Number : (850) 617-6383           |               |
|       |                                       |               |
| From: |                                       |               |
|       | Account Name : C T CORPORATION SYSTEM | 428 I         |
|       | Account Number: FCA000000023          | (72)          |
|       | Phone : (850)205-8842                 | - FR <b>E</b> |
|       | Fax Number : (850)878-5368            |               |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARITE OF FT. MYERS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help J. HARRIS

Email Address:

## **COVER LETTER**

| TO:              |                                   | istration Se<br>sion of Cor |   |   | ***  |
|------------------|-----------------------------------|-----------------------------|---|---|--|
| SUBJEC           | ~ <b>~</b> .                      | CARite of                   | Ft. Myers, LLC                            |   |  |
| BOBURA           | <b>.</b>                          |                             | Name of Lin                               | nited Liability Company   | <u>, ,</u>   |
| The enci         | osed                              | Articles of                 | Amendment and fee(s) are sub              | omitted for filing.   |  |
| Picase re        | מועל                              | ali correspo                | ndence concerning this matter             | to the following:   |  |
|                  |                                   |                             | Nicole Harms                              |   |  |
|                  |                                   |                             | ,   | Name of Person  |  |
|                  |                                   |                             | Dickinson Wright, PLLC                    |   |  |
|                  |                                   |                             |   | Firm/Company  |  |
|                  | 2600 W. Big Bezver Rd., Suite 300 |                             |   |   |  |
|                  | Address                           |                             |   | <del></del>   |  |
|                  |                                   |                             | Troy, Michigan 48230                      |   |  |
|                  |                                   |                             |   | City/State and Zip Code   |  |
|                  |                                   |                             | ·   | to be used for future annual report notific                         | cation)  |
| For furth        | er ini                            | formation c                 | oncerning this matter, please co          | all:  |  |
| Nicole H         | larm                              | 3                           |   | 248 433-7585<br>ai ()   |  |
| ·                |                                   | Name of                     | Person                                    | Area Code Daytime   | Telephone Number   |
| Enclosed         | is a                              | check for th                | e following amount:                       |   |  |
| <b>= \$2</b> 5.0 | 00 Fi                             | ling Fee                    | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is carclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 8TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CARite of FL Myers, LLC  |  |   |
|--|--|---|
| (Name of the Limited Liability Comp.<br>(A Florida Limited   | eny as it now appears on our records.)<br>Liability Company)               |   |
| The Articles of Organization for this Limited Liability Company Florida document number L14000182383  This amendment is submitted to amend the following:  | were filed on November 25, 2014  | and assigned                                |
| A. If amending name, enter the new pame of the limited lish  | elity company here:  |   |
| CARite of Florida, LLC   |  |   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the                                |   |
| Enter new principal offices address, if applicable:  | 101 W. 14 Mile Rd.   |   |
| (Principal office address MUST BE A STREET ADDRESS)  | Madison Heights, MI 48071  | 多数 II E                                     |
|  |  | ma - m                                      |
|  | •  | <u> </u>                                    |
| Enter new mailing address, if applicable:  |  | <u> </u>                                    |
| (Mailing address MAX BE A POST OFFICE BOX)   |  | <u> </u>                                    |
| B. If amending the registered agent and/or registered or<br>registered agent and/or the new registered office address her  |  | the name of the new                         |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   |  |   |
|  | Enter Florida street address   |   |
|  | , Florida _  | Zip Cods                                    |
|  | City   | Zip Coae                                    |
| New Registered Agent's Signature, if changing Registered Agent:  |  | 4 1.0 .4                                    |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of my duties, and I am<br>provided for in Chapter 605, F.S. Oi | familiar with and<br>r, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

7/17/2015 3:44:40 PM From: To: 8506176383( 4/5 )

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

| Title     | <u>Name</u>   | Address                   | Type of Action |
|-----------|---------------|---------------------------|----------------|
| CFO       | Scott Johnson | 101 W. 14 Mile Rd.        |                |
|           |               | Madison Heights, MI 48071 | □ Remove       |
| ·         |               |                           | Change         |
| Secretary | Scott Johnson | 101 W. 14 Mile Rd.        | <b>5</b> Add   |
|           |               | Madison Heights, MI 4807  | Remove         |
|           |               |                           | Change         |
|           |               |                           | Add            |
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|           |               |                           | Change         |
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