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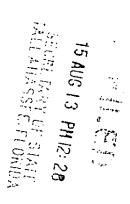
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PICK-UP	☐ WAIT	MAIL
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Special Instructions t	o Filing Officer:	
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AUG 1 4 2015 J SHIVERS

# **COVER LETTER** Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Edward Evans Name of Person CLC Total Care, LLC BOX 6918 For further information concerning this matter, please call:

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLC Total	il (are	, LLC			
( <u>Name of the Limited</u> (A	Liability Company : Florida Limited Liab	as it now appears on o ility Company)	ur records.)		
The Articles of Organization for this Limited Liab Florida document number		re filed on	<u>2-23-14</u>	and assig	ned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liabilit	y company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the designa	tion "LLC" or the al	obreviation "L.L.	C."
Enter new principal offices address, if applicab		9513 Tamp	East Us	Hay 9 3341	? <u>2</u> 0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	- <u>-</u>	Po B Selfin	20x 6911 a, Fl	s 33580	3
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e address here:	e address on our	records, enter	the name of AUS 13	the new
New Registered Office Address:	9513 Tan	Eqst ( Enter Florida str	AS Huy eet address Florida	92 =	i i i i i i i i i i i i i i i i i i i
		Cin		7in 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

•			
	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Michelle O. Evans	2821 Laures Leas De Valria Fi 33594	Add
		Valria Fi 33594	Remove
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' If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	an 90 days after filing.) Pursuant to	605.0207
ote: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	unrements, this date will not be i	isteu as
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	. at 12:01 a.m. on the ea	rller o
ated August // , 2015.  Educara A. EVans  Signature of a member or authorized representative of a new property of a new		
, , ,		
Eduxira A. EVans		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00