

L150000 20153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

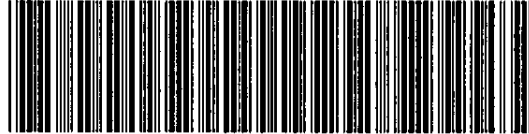
(Business Entity Name)

(Document Number)

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15 APR 20 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPREHENSIVE CARE PLLC

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:

CARDONA, YOLANDA

Name of Person

Firm/Company

570 GREEN RIVER LANE

Address

DAVIE, FL 33325

City/State and Zip Code

DAVIE, FL 33325

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

ycardona np@gmail.com

For further information concerning this matter, please call:

CARDONA, YOLANDA

Name of Person

954 756-0187

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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**

COMPREHENSIVE CARE PLLC

(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 02/02/2015 and assigned
Florida document number L15000020153

This amendment is submitted to amend the following:

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

COMPREHENSIVE CARE PLLC

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:

570 GREEN RIVER LANE

(Principal office address MUST BE A STREET ADDRESS)

DAVIE, FL 33325

Enter new mailing address, if applicable:

570 GREEN RIVER LANE

(Mailing address MAY BE A POST OFFICE BOX)

DAVIE, FL 33325

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:

CARDONA, YOLANDA

New Registered Office Address:

570 GREEN RIVER LANE

Enter Florida street address

DAVIE

, Florida

City

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 20 PM 4:00

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	CARDONA, YOLANDA	570 GREEN RIVER LANE	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Remove
MGRM	CARDONA, MIGUEL	570 GREEN RIVER LANE	<input type="checkbox"/> Add
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Remove
AMBR	CARDONA, YOLANDA	570 GREEN RIVER LANE	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
AMBR	CARDONA, MIGUEL	570 GREEN RIVER LANE	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 April 15, 2015

[Signature]

Signature of a member or authorized representative of a member

Yolanda CARDOZA RNLP

Typed or printed name of signee

FILED
15 APR 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA