

(1	Requestor's Name)	
(,	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
()	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Sta	atus
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SECRETARY OF STATE

MAY 13 2016 S. YOUNG

COVER LETTER

Division of Cor			
	olutions Companion Care Servi	ce LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony L. Bradford		
		Name of Person	
	Creative Solutions Compa	nion Care Service LLC	
		Firm/Company	7.5
	401 N. Rosemary Ave		16 HAY 12
		Address	
	West Palm Beach, FL 334	01	16 HAY 12 PH 1: 53
		City/State and Zip Code	<u>.</u>
	info@creativesolutionsccs.c	com to be used for future annual report notifi	<u> </u>
			cation)
For further information of	concerning this matter, please ca	aii:	
Anthony L. Bradford		561 313=3453 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Solutions Companion Care Serv		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000077753	ity Company were filed on May 1, 2015	_ and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
		→ PS
The new name must be distinguishable and contain the words?	"Limited Liability Company." the designation "LLC" or the abbre	eviation "LLC."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	2 GG C
		P
		1: 53
Enter new mailing address, if applicable:		- ಬ ಕ್ಷ್ಮ
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	registered office address on our records, enter the address here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner i winne sireet unaress	
_	, Florida	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

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>	Address	Type of Action
President	Tijuani S. Steward	401 N. Rosemary Ave	 _ A dd
		West Palm Beach, FL 33401	□ Remove
			Change
			□ Add TALL AHAS
			<i>~</i> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			Change Change
			Add ♂
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			□ Add
		<u></u>	□ Remove
			□ Change
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			Change Add Remove Change Add Remove Change

President- Tijuani S. Stewar	d 49% Owner	
		7 0
		<u></u>
ctive date, if other than the	date of filing:	(optional)
effective date is listed, the date mu	st be specific and cannot be prior to date of filing or a lock does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed
ment's effective date on the E	repartment of State's records.	
ecord specifies a delave	d effective date, but not an effective	time at 12:01 a.m. on the earlier
e 90th day after the rec		and at 12702 and on the carrier
d May 4	2016	
d		
11 7	1 bl W	

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Filing Fee: \$25.00