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K.SALY EXAMINER JUN 23 2015

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: A 2 !	Mame of Lim	1th Care Service ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mercedes	S Buergo Name of Person	
		Firm/Company	
	14129	SW 168 1N Address	
	Miami,	FL, 33177 City/State and Zip Code Naker Services D to be used for future annual report notifi	······································
	E-mail address: (to be used for future annual report notifi	gmail. Com
For further information con	ncerning this matter, please ca	ail:	
Andy Gar	Person	at (305) 546 Area Code Daytime	- 2171 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

ARTICLES	OF ORGANIZATION	~ .
	OF	rllen
A & M Home Heal	th Care Sewice Company as it now appears on our recimited Liability Company)	LLC 2015 JUN 22 PH 4:50
The Articles of Organization for this Limited Liability Con	npany were filed on 5/2//	7/M \ C = 0 C
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited A & M Home maker Ser The new name must be distinguishable and contain the words "Limited"		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
 -	City	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

or removed	from our records:		·. · · · · ·	•• •		
MGR = M $AMBR = A$	anager uthorized Member			5		4
<u>Title</u>	<u>Name</u>	·	<u>Address</u>	150 m	Type of Action	
AMBR	Andy Garcia		14129 SW Miami, FL	168.2N	DZ Add	
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effective date is listed, the listed of the listed inserted	than the date of filing: ne date must be specific and cannot be prior to da in this block does not meet the applicable on the Department of State's records.	ate of filing or more than 90 day	(optional) ss after filing.) Pursuant to 605.02 ts, this date will not be listed a
	delayed effective date, but not ar the record is filed.	n effective time, at 12	:01 a.m. on the earlier
ed June 1	7 , 2015 .		
	3.		
	— — — — — — — — — — — — — — — — — — —	d same destative of a mamba	
	Signature of a member or authorize Mercedes Bu	d representative of a member	

Page 3 of 3

Filing Fee: \$25.00