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SECRETARY OF STATE SALLAHASSES FLORI

OCT 27 2016

S. YOUNG

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

ROSS M GREENBERG GREENBERG LAW GROUP, PA 2883 EXECUTIVE PARK DRIVE STE 200 WESTON, FL 33331

SUBJECT: PREMIER CARE PARTNERS, LLC

Ref. Number: L15000102089

We have received your document for PREMIER CARE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 316A00022395

16 OCT 17 PH 3: 03



2883 Executive Park Drive, Suite 200 Weston, Florida 33331

Ross M. Greenberg, Esq. ross@greenberglawgrp.com

October 21, 2016

Telephone: (954) 659-8300

Facsimile; (954) 874-6161

Registration Section/Division of Corporations Clifton Building Attention Sheila Young 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Articles of Amendment to Articles of Organization

Of Premier Care Partners LLC

Dear Ms. Young:

Enclosed is the return of the document. Due to the sense of urgency, we preferred not twait for the receipt of your letter. Please process as soon as possible. Thank you for your anticipated assistance.

If you need any further documentation please do not hesitate to contact me at (954)659-8300.

Very Truly Yours,

Greenberg Law Group, P.A.

By: Ross M. Greenberg, Esq.

Enc: Articles of Amendment Form- Florida Limited Liability Company

COVER LETTER

	vision of Cor					
CUBICOT		re Partners, LLC				
SUBJECT		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
	'	Ross M. Greenberg	.			
			Name of Person			
		Greenberg Law Group, P	Α.			
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company			
		2883 Executive Park Drive	e, Suite 200		ਨੀ	7
			Address		8	TALLAHASSES THORIUM
		Weston, Florida 33331			16 OCT 17	
			City/State and Zip Code		70	(H)
		ross@greenberglawgrp.com	n to be used for future annual report notific	otion	3: 03	10.0
For further	information c	oncerning this matter, please c		wion,	03	HDA.
Ross M. G	reenberg		954 659-8300 at ()			
	Name o	f Person		elephone Number		
Enclosed is	a check for th	ne 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 St Certified Copy (additional copy is e	atus &	
		ING ADDRESS:	STREET/COURIE	R ADDRESS;		

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

Premier Care Partners, LLC	any as it now one are on our records	
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/11/2015	and assigned
Florida document number L15000102089		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6100 Blue Lagoon Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 430	6
	Miami, Florida 33126	AH ACT
		17 887
Enter new mailing address, if applicable:	5727 NW 7th Street	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Suite 337	<u> </u>
	Miami, Florida 33126	3 8 A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
	-	
Name of New Registered Agent:		
Navy Designated Office Address		<u> </u>
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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	Paula Harrilal	1405 SW 107th Avenue	□ Add
		Suite 217-C	■ Remove
		Miami, Florida 33174	Change
President	Griselle Abelairas	6100 Blue Lagoon Drive	
		Suite 430	□ Remove
		Miami, Florida 33126	☐ Change (N)
			Add PH F. F.
			Remove Control Remove
			□ Add
			Remove
			Change
		<u> </u>	
			Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Ditted October 21 Signature of a member or authorized representative of a member Griselle Abelairas, President	O. If amending any other information, enter change(s) here: (Atto	
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Filing Fee: \$25.00