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ECRETARY OF STATE LAHASSEE, FLORIDA

AUG 1 1 2015

MASON

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:		ow Care, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Benita Mers	A Hemandez Roc Name of Person	Iriquez
	- Paink		
	3426	West 84 STRE	et
	Hial	Pah FL 3318 City/State and Zip Code	
	Mersa, Herry E-mail address: (1	andoa ( Jahoo . Ce to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Benita Nersa Name	Hemanden Roduny	at ( <u>786)</u> 277 - 3 Area Code Daytime	7200 Telephone Number
Enclosed is a check for t	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)

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

Main Bow Ca	ue LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000123528</u> .	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3426 West 84 STREET SUITE 103   Hialeah, FL 33018
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3426 West 84 STREET SUITE 103 1 Hialean, FL 33018
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605: F.S.Or, if this document is address, I hereby confirm that the limited liability
If Char	iging 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 = Au	nthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00