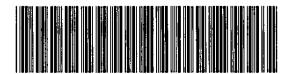
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SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subt	mitted for filing.	
		Craig Cooper		
			Name of Person	
		CareBridge Associates II, I	LLC	
	Registration Section Division of Corporations CareBridge Associates II, LLC Name of Limited Liability Company Inclosed Articles of Amendment and feets) are submitted for filing, e return all correspondence concerning this matter to the following: Craig Cooper Name of Person CareBridge Associates II, LLC Firm/Company 3900 NW 79th Ave, STE 446 Address Doral, FL 33166 City/State and Zip Code eraiglecooper@gmail.com E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: 3 Cooper Name of Person Area Code Daytime Telephone Number Division of Corporations Certificate of Status & Certificate Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, P.F. 32314 Zefot Executive Center Circle			
		3900 NW 79th Ave, STE 4	146	
	Exception of Corporations CareBridge Associates II, LLC Name of Limited Liability Company Name of Corporations CareBridge Associates II, LLC Reserve return all correspondence concerning this matter to the following: Craig Cooper Name of Person CareBridge Associates II, LLC Firm/Company 3900 NW 79th Ave, STE 446 Address Doral, FL 33166 City/State and Zip Code craiglecooper@gmail.com E-mail address: (to be used for future answal report notification) r further information concerning this matter, please call: aig Cooper Name of Person Area Code Daytime Telephone Number celosed is a check for the following amount: 0 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MALLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Zoffol Executive Center Circle			
		Doral, FL 33166		
Address Doral, FL 33166 City/State and Zip Code craiglcooper@gmail.com E-mail address: (to be used for future annual report notification)				
			to be used for future annual report notif	(cotion)
For furt	her information c			icutony
Craig C	ooper			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
F D \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. B	ration Section / on of Corporations / ox 6327	Registration Section Division of Corpor Clifton Building	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CareBridge Associates II, LLC			
(<u>Name of the Limited L.</u> (A F	iability Compa lorida Limited I	ny as it now appears on our recor Liability Company)	<u>-ds.</u>)
he Articles of Organization for this Limited Liabil orida document number L15000130649	ity Company	were filed on <u>7/30/2015</u>	and assigned
is amendment is submitted to amend the followir	ng:		
If amending name, enter the new name of the	limited liab	ility company here:	
e new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		3900 NW 79th Avenue	port [5.1]
		Suite 446	B+ () 633 5 5 5
		Doral, FL 33166	25 [7]
nter new mailing address, if applicable:		3900 NW 79th Avenue	SS
Mailing address MAY BE A POST OFFICE BOX)		Suite 446	12
THE POST OF STREET	<u>-57</u>	Doral, FL 33166	20° ω
If amending the registered agent and/or gistered agent and/or the new registered office Name of New Registered Agent:			ds, enter the name of the
New Registered Office Address: 3	900 NW 79th	Avenue, Suite 446	
11011 INDICATE OF THE PROPERTY.		Enter Florida street addr	ress
ι	Ooral	. I	Florida 33166
-		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

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>	<u>Address</u>	Type of Action
AMBR	Craig Cooper	1441 Cardinal Way	Add
		Weston, FL 33327	□ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Ghange
			□ Add ! IS
			☐ Change
			Add
			□ Remove
			Change

Note: If the date inserted	than the date of filing: to date must be specific and cannot be prior to date of filing or more than 90 days in this block does not meet the applicable statutory filing requirements on the Department of State's records.	(optional) s after filing.) Pursuant to 605, s, this date will not be liste	.0207 : ed as t
the record specifies a) The 90th day after	delayed effective date, but not an effective time, at 12: the record is filed.	:01 a.m. on the earlie	er of
February 8	2016		
	JA ~	7.0	•
	Signature of a member or authorized representative of a member	(83)	2 p
	SCOTT HERMAN	(20) — B	
	Typed or printed name of signee	- 72 - 72	

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