

# L1600009897

Florida Department of State  
Division of Corporations  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARE CONNECT LIFE ENRICHMENT LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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2016 SEP 28 PM 4:19

ALLAHASSEE, FLORIDA

SEP 29 2016  
J. HARRIS

H16000241520

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CARE CONNECT LIFE ENRICHMENT LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/19/2016 and assigned Florida document number L16000009897.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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

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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>            | <u>Type of Action</u>                      |
|--------------|--------------------------|---------------------------|--|
| MEMB         | LYONS-WASHINGTON TELISA  | 1470 NW 107TH AVENUE, # E | <input type="checkbox"/> Add               |
|              |                          | MIAMI, FL 33172           | <input checked="" type="checkbox"/> Remove |
|              |                          |                           | <input type="checkbox"/> Change            |
| MGRM         | LYONS-WASHINGTON, TELISA | 1470 NW 107TH AVENUE, # E | <input type="checkbox"/> Add               |
|              |                          | MIAMI, FL 33172           | <input checked="" type="checkbox"/> Remove |
|              |                          |                           | <input type="checkbox"/> Change            |
|              |                          |                           | <input type="checkbox"/> Add               |
|              |                          |                           | <input type="checkbox"/> Remove            |
|              |                          |                           | <input type="checkbox"/> Change            |
|              |                          |                           | <input type="checkbox"/> Add               |
|              |                          |                           | <input type="checkbox"/> Remove            |
|              |                          |                           | <input type="checkbox"/> Change            |
|              |                          |                           | <input type="checkbox"/> Add               |
|              |                          |                           | <input type="checkbox"/> Remove            |
|              |                          |                           | <input type="checkbox"/> Change            |
|              |                          |                           | <input type="checkbox"/> Add               |
|              |                          |                           | <input type="checkbox"/> Remove            |
|              |                          |                           | <input type="checkbox"/> Change            |

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DIVISION OF CORPORATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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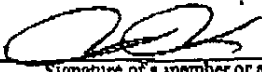
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 27, 2016

  
Signature of a member or authorized representative of a member

ROSANA ROSARIO

Typed or printed name of signee

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RECORDS & COMMUNICATIONS

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