

(Re	equestor's Name)	
(Ad	dress)	<u>.                                    </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>e</del> #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



400286557734

06/10/16--01006--014 \*\*25.00

16 JUN 10 PH 12: 37

JUN 1 5 2016 Y SULKER

## **COVER LETTER**

	Registration Se Division of Cor						
CLIDIEC		Carex Services, LLC					
SUBJECT:Name of Limited Liability Company							
The encio	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Jean-Francois Roy					
			Name of Person				
			Firm/Company				
		1800 E Las Olas Blvd.					
			Address				
		Fort Lauderdale, FL 33301					
		City/State and Zip Code					
		mroy@oceanland.com					
		E-mail address: (t	to be used for future annual report notifi	ication)			
For further	er information c	oncerning this matter, please ca	all:				
Marc-An	dre Roy		561 289-2972 at ()_				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 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

Carex Services, LLC	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.)  Company)
The Articles of Organization for this Limited Liability Company were f	filed on 5/18/2016 and assigned
Florida document number L16000094167	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Com	npany," 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:	No.
Mailing address MAY BE A POST OFFICE BOX)	[5 <b>6</b>
	HE W
	SEE
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the r
registered agent and/or the new registered office address here:	
	37 10 <sub>A</sub>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ci	ity Zip Code

New Registered Agent's Signature, if changing Registered Agent:

C---- C----

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, Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jean-Francois Roy	1800 E Las Olas Blud., Fort Laudes FL 33301	dale,_ ■ Add
			Remove
			Change
<del></del>			Add
			□ Remove
			Change
			Add
			☐ Remove
			<u>&gt;</u> □ Change
			SSVHO
			SSEE OF GREEN OVE
			Name Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change

	<del></del>
	[5]
	## <b>2</b>
	SSS
	The Party
	12: COR
	44
fective date, if other than the date of filing:  meffective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
ote: If the date inserted in this block does not meet the applicable statutory fil	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
June 6 2016	
ated June 0	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00