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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LITTLE ANGELS PEDIATRIC EXTENDED CARE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANICE HATLEY  
Name of Person

LITTLE ANGELS PEDIATRIC EXTENDED CARE, LLC  
Firm/Company

1400 W. STATE ROAD 434 STE 1000  
Address

LONGWOOD FL 32750  
City/State and Zip Code

lappec longwood@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE HATLEY at (407) 755-3127  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

LITTLE ANGELS PEDIATRIC EXTENDED CARE, 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 10-3-16 and assigned  
Florida document number L16000183538.

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)

1400 W. STATE ROAD 434  
STE 1000  
LONGWOOD FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1400 W. STATE ROAD 434  
STE 1000  
LONGWOOD FL 32750

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:

GUARDIAN ANGEL HOLDINGS LLC

New Registered Office Address:

1400 W. STATE ROAD 434 STE 1000

Enter Florida street address

LONGWOOD

City

Florida

32750

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>	<u>Type of Action</u>
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MGR	MANISH BHATT		
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		<u>7436 APPLE TREE CIRCLE</u>	<input type="checkbox"/> Add
		<u>ORLANDO FL 32819 US</u>	<input checked="" type="checkbox"/> Remove

MGR	DOLLY KHRANI		
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		<u>3081 TIMPANA PT</u>	<input type="checkbox"/> Change
		<u>LONGWOOD FL 32779</u>	<input checked="" type="checkbox"/> Add

			<input type="checkbox"/> Remove
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**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.

Dated MARCH 2, 2020

  
Signature of a member or authorized representative of a member

DOLLY UGBRANI  
Typed or printed name of signee

**Filing Fee: \$25.00**