

L17000032062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

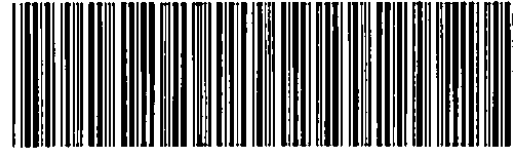
(Business Entity Name)

(Document Number)

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2019 OCT -3 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

OCT 21 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

1

SUBJECT: FLORIDA COMMUNITY 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:

SUSY CABRERA, ESQ.

Name of Person

FLORIDA COMMUNITY CARE, LLC

Firm/Company

5200 BLUE LAGOON DRIVE, SUITE 500

Address

MIAMI, FL 33126

City/State and Zip Code

legal@ilshealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susy Cabrera

305

262-1292 Ext. 106456

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FLORIDA COMMUNITY 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 02/13/2017 and assigned
Florida document number L17000032062.

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)

2019 OCT -3 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

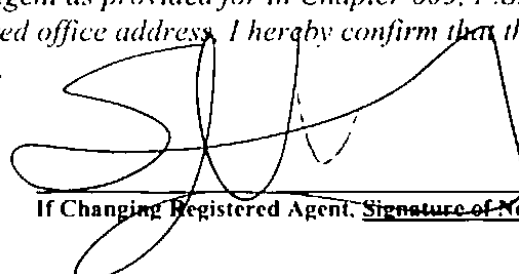
Name of New Registered Agent: SUSY CABRERA, ESQ.

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type</u> |
|--------------|-------------------|---|---------------------------------------|
| AMBR | DAVID C. RISTAINO | 5200 BLUE LAGOON DRIVE, SUITE 500, MIAMI, FL 33126 | <input type="checkbox"/> A |
| | | | <input checked="" type="checkbox"/> R |
| | | | <input type="checkbox"/> C |
| | | | <input type="checkbox"/> A |
| | | | <input type="checkbox"/> R |
| | | | <input type="checkbox"/> C |
| | | | <input type="checkbox"/> A |
| | | | <input type="checkbox"/> R |
| | | | <input type="checkbox"/> C |
| | | | <input type="checkbox"/> A |
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| | | | <input type="checkbox"/> C |
| | | | <input type="checkbox"/> A |
| | | | <input type="checkbox"/> F |
| | | | <input type="checkbox"/> C |
| | | | <input type="checkbox"/> A |
| | | | <input type="checkbox"/> F |
| | | | <input type="checkbox"/> C |

B. If amending any other information, enter change(s) here: (attach additional sheets if needed)

E. Effective date, if other than the date of filing: 09/09/19 (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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 9 2019

Robert J. Clove
Signature of a member of

Signature of a member or authorized representative of a member

NESTOR J. PLANA, MANAGER & CEO

Typed or printed name of signee