

L17000156740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

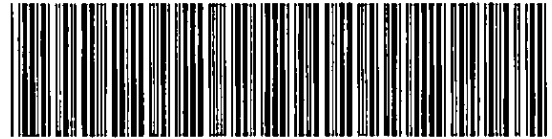
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

ANGELA RUSH
458 NW 49 ST
FORT LAUDERDALE, FL 33309

SUBJECT: RUSH CARE LLC
Ref. Number: L17000156740

We have received your document for RUSH CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you're not changing the name of the LLC please delete Section A from application. Also please revise Section B of application, delete JonathanRush.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00013748

THANK you Dionne!
- Angela

2018 JUL 16 AM 10:11
ENT OF
CORPO
STATE

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

RUSH CARE LLC ~~ARTICLE 101~~
(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 7/21/2017 and assigned
Florida document number L17000150740

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)~~

~~3045 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33306~~

~~458 NW 49 STREET
OAKLAND PARK FL 33309~~

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:

NEW →

~~3045 NORTH FEDERAL HIGHWAY #26-3~~

Enter Florida street address

FORT LAUDERDALE

Florida

33306

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.

[Signature]

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>
MGR	Jonathan Rush	458 NW 49th St	<input type="checkbox"/> Add
		OALAND PARK FL 33309	<input checked="" type="checkbox"/> Remove
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(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)

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 June 9th, 2018

APR 12

Signature of a member or authorized representative of a member

Angela Rush

Typed or printed name of signee