05/30/2018 000110168 Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number -: (850)617-6383

From:

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Account Number : 120080000067

Phone : (845)425-0077

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help

ARTICLES OF AMENOMENT TO ARTICLES OF ORGANIZATION OF

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LP Care Holdings, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recability Company)	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number L18000110168	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilia	ly Company," the designation "I	LLC" or the abbreviation "L.L.C."
		291
Enter new principal offices address, if applicable:	· 	19 ₹ 11:
(Principal office address MUST BE A STREET ADDRESS)	,i :	
	' ` <u></u>	18:
Enter new mailing address, if applicable:		7 A 11
(Mailing address MAY BE A POST OFFICE BOX)		1.62 1.62 1.63 1.63 1.63 1.63 1.63 1.63 1.63 1.63
		52 71
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our reco	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	City:	Zip Code

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

I hereby accept the appointment as registered agent and agree to active 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; hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Regi ared 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Leopold Friedman	1000 Gates Ave	Adć
		Brooklyn, NY 1 221	Remove
			_ □ Change
AMBR	Citadel Care Group LLC	1000 Gates Ave	Add
		Brooklyn, NY 11221	☐ Remove
			Change
		-	Add
			Remove
			CI Change
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record specifies a delayed effe	ective date, but n	ot an effective time,	at 12:01 a.m.	on the	earlier
The 90th day after the record h	s filed.				
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