



MODICPA
CERTIFIED PUBLIC ACCOUNTANT

4815 State Highway 121 Ste 7
The Colony, TX 75056

March 4th, 2020

Registration Section
Florida Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

Re:

Entity Name: Clinicare LLC

Entity Document Number: L19000097708

Entity Letter Number: 120A00003521

Entity Address: 13533 HARTLE GROVES PLACE Apt 305, CLERMONT, FL 34711

Subject: Re-submission of name change from Clinicare LLC to Clinicare PLLC

Dear Sir/Madam,

The Entity has attached the following:

- Newly submitted Articles of Amendment to Articles of Organization.


The entity ORIGINALLY erroneously submitted "Articles of amendment to Article of incorporation". The entity received a notice from Division of Corporation to file the name change under "Articles of amendment to Articles of Organization". The entity has done so. Florida division has already cashed in \$35 check originally written to Division of Corporation.

We are now submitting another Articles of Amendment of Articles of Organization to include specific purpose of the entity as instructed by Florida department of state.

If a new check is necessary, please us know – otherwise, please kindly process the request mentioned above.

If you have any questions, please feel free to contact me at 214-618-0468.

Sincerely,



Ravi Modi, CPA

Accepted:



Krishna Patel

Title: MGR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLINICARE LLC

DOCUMENT NUMBER: L19000097708

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISHA PATEL
Name of Contact Person

Firm/ Company

13533 HARTLE GROVES PLACE APT 305
Address

CLERMONT, FL 34711
City/ State and Zip Code

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

For further information concerning this matter, please call:

KRISHA PATEL at (786) 450-9966
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



RECEIVED

2020 FEB -0 11:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2020

KRISHA PATEL
13533 HARTLE GROVES PLACE APT 305
CLERMONT, FL 34711

SUBJECT: CLINICARE LLC
Ref. Number: L19000097708

We have received your document for CLINICARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 120A00003521

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

CLINICARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020: 04-09 PM 3:01

The Articles of Organization for this Limited Liability Company were filed on 04/09/2019 and assigned Florida document number L19000097708.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLINICARE PLLC

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)

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:

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE SPECIFIC PURPOSE OF THE ENTITY IS TO PROVIDE MEDICAL DIAGNOSIS
OF ILLNESS, DEVELOP AND MANAGE TREATMENT PLANS, PRESCRIBE MEDICATIONS,
AND SERVE AS A PATIENT'S HEALTHCARE PROFESSIONAL.

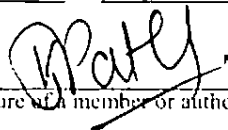
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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.

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 MARCH 4TH 2020



Signature of a member or authorized representative of a member

KRISHA PATEL

Typed or printed name of signee