Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email	Address:					<u> </u>		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN B-NEXT UP LLC

Certificate of Status	0
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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B-NEXT OF LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000134180		and assigned
This amendment is submitted to amend the following	· ·	
A. If amending name, enter the new name of the l	imited liability company here:	
Community Caresourse LLC		201
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the a	abbreviation T.L.C.
Enter new principal offices address, if applicable:		EP 2
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		COSPONATION:
B. If amending the registered agent and/or registered agent and/or the new registered office address her		me of the new register
Name of New Registered Agent:		Magy
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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00