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TO: Registration So Division of Cor		•	· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	Gen Care Ici	ds Haines Ci	ty.uc	
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
	ondence concerning this matter t			
	<u>Oli</u>	Ve Gaye Name of Person		
		Firm/Company	\$ 20	! •
	7003 Pr	residents Dr. 3	200 - 7 PM - 100 STATE S	
	Orlando, F	City/State and Zip Code		
	E-mail address (Chare resources. Co be used for future annual report notif	ication)	
For further information c	concerning this matter, please ca	11:		
Olive G Name o	of Person	at (407-) <u>440-</u> Area Code Daytime	- 28 77 c Telephone Number	
Enclosed is a check for the	he following amount:			
图 \$25.00 Filing Fee	S30.00 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) 	
<u>Mailing Addres</u> Registration !	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corp The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GenCare Kids H	aines City, LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $5 \cdot 20 \cdot 2003$ and assigned
Florida document number <u>L23 D0025 8335</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ning Center Haines City, LLC htty Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	110 Patterson Rd
(Principal office address MUST BE A STREET ADDRESS)	Haines City, FL. 33844
Enter new mailing address, if applicable:	110 Patterson FRde _
(Mailing address MAY BE A POST OFFICE BOX)	Haines City, FC 83844
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
	u, c
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 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>	Address	Type of Action
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	ed, the date must be spe- erted in this block doc	cific and cannot be pri es not meet the appl	or to date of filing or licable statutory fil	more than 90 days : ng requirements.	after filing. this date) Pursua will по	nt to 605.020 t be listed a
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