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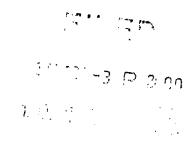
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THERESA A. RETH
Attorney at Law
108 North Magnolia Avenue
Suite 103B
Ocala Florida 34475
(352) 732-7878
fax: (352) 732-7443



September 29, 2005

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee Florida 32314

re: Florida Palliative Pharmacy & Equipment LLC Articles of Amendment

Dear Sirs:

Enclosed please find Articles of Amendment of Florida Palliative Pharmacy and Equipment LLC, with my firm check in the sum of \$43.75. Kindly please provide this office with a certified copy verifying the filing.

Thank you.

Very truly yours,

THERESA A RETH

TAR/ga Encl. (2) cc: Client ARTICLES OF AMENDMENT

FLORIDA PALLIATIVE PHARMACY AND EQUIPMENT, L.L.C

Pursuant to Florida Statutes 608.411 and 608.4231, of the Florida Limited Liability Company Act, the undersigned limited liability company adopts the following Articles of Amendment to the Articles of Organization

- 1. The name of the limited liability company is Florida Palliative Pharmacy and Equipment, L.L.C.
- 2. The Articles of Organization of the company were filed with the Secretary of State of the State of Florida on February 21, 2002 and assigned document number L02000004415.
- 3. The following amendments of the Articles of Organization were adopted by the Sole Member of the company and by the Managers of the company by unanimous vote on Tender 26200 in the manner prescribed by the Florida Limited Liability Company Act:

A. Article 6, is hereby deleted in its entirety and the following new Article 6, is inserted in its place:

<u>ARTICLE 6.</u> Members

The initial member of this company shall be Hospice of Marion County, Inc. No additional member shall be admitted, unless the additional member is a Section 501(c) (3) tax exempt entity pursuant to the Internal Revenue Code, as is Hospice of Marion County Inc. and except with the unanimous written consent of all existing members and on such terms and conditions as shall be determined by all existing members.

4. These Articles of Amendment shall be effective upon filing with the Secretary of State of the State of Florida.

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| IN V | WITNES | SS WHER | EOF, | the undersi | gned | Membe | r and M | anagers h | | |
| subscribed | these | Articles | of A | Amendment | at | Ocala, | Florida, | this 2 | 67 | day o |
| Septe | rbu | , 200 |)5. | | | | Tê | H. James | er u gener haling h | |
| | | | | HOS | PICE | OF MA | RION)CO | OUNTY, I | INC.: | ** ^ • |
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STATE OF FLORIDA

COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Alice J. Privett, to me known to be the person described herein and who produced known to me known to be the person described herein and who produced known me as identification, executed the foregoing Articles of Amendment, and she acknowledged before me that she subscribed to these Articles of Amendment as the act of Hospice of Marion County Inc., sole member of Florida Palliative Pharmacy and Equipment LLC and who [] did [X] did not take an oath.

WITNESS my hand and official seal this 26th day of september, 2005.

Notary Public, State of Florida

(Seal) BRENDA L PAVONE
Notary Public, State of Florida
My Comm. Expires July 30, 2007
No. DD236343

My commission expires: July 30,2007

STATE OF FLORIDA

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COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Alice J. Privett, to me known to be the person described herein and who produced known from as identification, executed the foregoing Articles of Amendment, and she acknowledged before me that she subscribed to these Articles of Amendment as the Manager of the Florida Palliative Pharmacy and Equipment LLC and who [] did [] did not take an oath.

WITNESS my hand and official seal this 26th day of September, 2005.

Bunda & Varne
Notary Public State of Florida

(Seal)

BRENDA L PAVONE
Notary Public, State of Florida
My Comm. Expires July 30, 2007
No. DD236343

Branda L. Mavone

My commission expires: July 30, 2007

STATE OF FLORIDA

COUNTY OF MARION

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Bill Kauffman, to me known to be the person described herein and who produced known to me known to be the person described herein and who produced known to me known to be the person described herein and who produced known as identification, executed the foregoing Articles of Amendment, and he acknowledged before me that he subscribed to these Articles of Amendment as the Manager of the Florida Palliative Pharmacy and Equipment LLC and who [] did [] did not take an oath.

WITNESS my hand and official seal this <u>26 th</u> day of <u>Septenber</u>, 2005.

Brenda F Pavone

Notary Public, State of Florida Brenda L. Favone

(Seal)

BRENDA L PAVONE Notary Public, State of Florida My Comm. Expires July 30, 2007 No. DD236343

My commission expires: July 30, 2007

STATE OF FLORIDA

COUNTY OF MARION

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I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Suzanne Garrett, to me known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and who produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the produced known to be the person described herein and the person described herein and the person described herein and the person described herei

WITNESS my hand and official seal this 26 day of September, 2005.

Brends J. Parme Notary Public, State of Florida Brends L. Parone

(Seal)

BRENDA L PAVONE Notary Public, State of Florida My Comm. Expires July 30, 2007 No. DD236343

My commission expires: July 30, 2007