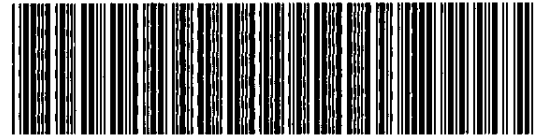


LD9000048893



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07/19/11--01030--006 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD
JUL 20 2011
EXAMINER

FILED
11 JUL 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOMMY D. PERMENTER, JR.
*ALSO ADMITTED IN SC



TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

BELLWETHER PROFESSIONAL PARK
2201 S.E. 30TH AVENUE, SUITE 202
OCALA, FLORIDA 34471

July 15, 2011

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Concierge Health Care, LLC – Articles of Amendment
Document No.: L09000048893
Our File No.: 09-0085

Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Concierge Health Care, LLC for filing.

Also, enclosed is my firm's check in the amount of \$25.00 representing the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact my office.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

A handwritten signature in black ink, appearing to read 'Tommy D. Permenter, Jr.', written in a cursive style.

Tommy D. Permenter, Jr.

TDP/am
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concierge Health Care, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tommy D. Permenter, Jr.
Name of Person

The Permenter Law Firm, P.A.
Firm/Company

2201 S.E. 30th Avenue, Suite 202
Address

Ocala, Florida 34471
City/State and Zip Code

Tommy@Permenterlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy D. Permenter, Jr. at (352) 622-1811
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Concierge Health Care, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 20, 2009 and assigned Florida document number L09000048893.

This amendment is submitted to amend the following:

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

Be @ Home, LLC

The new name must be distinguishable and end with 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)

233 NE. 58th Avenue suite 102
Ocala, Florida
34470

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Be @ Home, LLC
PO Box 698
Ocala, FL 34478

FILED
JUL 19 PM 1:20
CLERK OF CIRCUIT COURT
FLORIDA

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:

Robert Carl Yansey

New Registered Office Address:

233 NE. 58th Avenue suite 102

Enter Florida street address

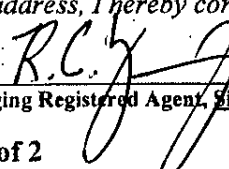
Ocala
City

Florida

34470
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 608, 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

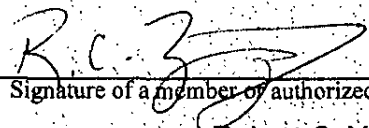
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing 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"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 15th, 2011



Signature of a member or authorized representative of a member

Robert C. Yancey

Typed or printed name of signee