

LI 00000067487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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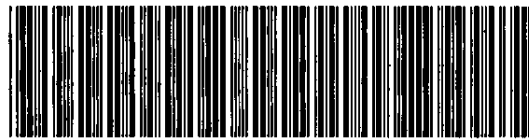
(Business Entity Name)

(Document Number)

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2012 DEC 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 11 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Absolute Care Home Health Services, 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:

Guillermo R. Labial

Name of Person

Absolute Care Home Health Services, LLC

Firm/Company

945 Las Navas Place

Address

St. Augustine, FL 32092

City/State and Zip Code

g_labial@absolutecarehhs.com

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

For further information concerning this matter, please call:

Guillermo R. Labial

Name of Person

at (904) 379 1337

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**

FILED
2012 DEC 10 PM 12: 01
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Absolute Care Home Health Services, 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 June 24, 2010 and assigned
Florida document number L10000067487.

This amendment is submitted to amend the following:

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

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)

945 Las Navas Place

St. Augustine, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

945 Las Navas Place

St. Augustine, FL 32092

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:

Guillermo R. Labial

New Registered Office Address:

945 Las Navas Place

Enter Florida street address

St. Augustine, FL

, Florida 32092

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 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.

Guillermo R. Labial

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

Dated December 7, 2012.

Guillermo R. Labial

Signature of a member or authorized representative of a member

Guillermo R. Labial

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA