

L12000025049

(Requestor's Name)



A HOME HEALTH AGENCY

618 SW 3rd Street
Suite #117
Cape Coral, Florida 33991

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

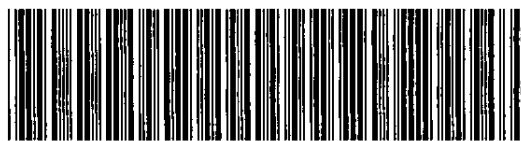
(Document Number)

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DIVISION OF CORPORATE FILINGS
2012 DEC 10 AM 11:01

C. LEWIS
Dec 11 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

HEMOCARE STAFFING SERVICES
618 SW 3RD STREET SUITE 117
CAPE CORAL, FL 33991

SUBJECT: HEMOCARE STAFFING SERVICES, LLC.
Ref. Number: L12000025049

We have received your document for HEMOCARE STAFFING SERVICES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00028183

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 DEC 10 AM 11:01

Homecare Staffing 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 FEB 20, 2012 and assigned Florida document number L 12000025049

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 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>
MGRM	NICOLE MARIE PISTONE	606 SE 16 th TERRACE CAPE CORAL, FL 33990	<input checked="" 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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.) SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 DEC 10 AM 11:01

Dated

12/3/2012



Signature of a member or authorized representative of a member

GREGORY B. BARRIOS

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

Already paid

Limited Liability Organizational Addendum

Homecare Staffing Services, LLC

of the

State of Florida

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2012 DEC 10 AM 11:01

The undersigned person, acting as organizer, requests that an additional member be added to the existing 3 (three) members already listed as managers of Homecare Staffing Services, LLC and that the percentages be adjusted as indicated.

Article 1. The name of the limited liability company is:

Homecare Staffing Services, LLC

Article 2. The purpose for which this addendum is being filed, is to add an additional member as a manager (owner) and to make adjustments to ownership percentages.

Article 3. The percentage of ownership is noted with each member.

Article 4. The total number of members of this company is now 4(four), and their names and addresses and percent of ownership are as follows:

Gregory Barrios (51.47%)
426 NE 23rd Terrace, Cape Coral, FL 33909

Nicole Marie Pistone (25%)
606 SE 16th Terrace, Cape Coral, FL. 33990

Michelle Starczewski (20.66%)
2289 Cape Heather Circle, Cape Coral, FL 33991

Thomas P. O'Donoghue (2.87%)
1718 SW 9th Place, Cape Coral, FL 33991

Article 5. The initial registered agent of this limited liability company is:
Gregory Barrios

Article 6. The initial address of the registered agent of this limited liability company:
426 NE 23rd Terrace, Cape Coral, FL. 33909

Homecare Staffing Services, LLC

Article 7. The total amount of initial capitalization was \$1,000, total to date is \$72,120.

Article 8. The company is managed by the following:
Gregory Barrios, CEO
Nicole Pistone, Marketing Manager
Michelle Starczewski, RN, BSN, Director of Nursing

Article 9. The company reserves the right to admit new members at any time.

Article 10. The company reserves the right to continue, without dissolution, upon any act that might otherwise cause the dissolution of the company or the dissociation of a member under the laws of the State of Florida.

Article 11. The standard operating code for the company is regulated by AHCA of the State of Florida.

Article 12. The Federal Identification Number is 45-4527166

I certify that all the facts stated in these Articles of Addendum are true and correct and are made for the purpose of amending the limited liability company under the laws of the State of Florida.

[Signature] Date 11/21/2012
Gregory Barrios, Owner

[Signature] Date 11/21/12
Nicole Pistone, Owner

State of Florida County of Lee
Before me, on Nov. 21, 2012, personally appeared before me, Gregory Barrios
and Nicole Pistone both are known to me to be the persons who
subscribed their names to this document, and acknowledge that they did so for the
purpose stated.

Notary Public [Signature] in and for the County of Lee, State of
Florida. My commission expires: Sept 25, 2010
Notary Seal:



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