

L130000 77551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

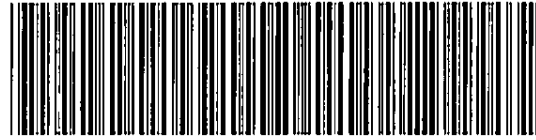
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2024 APR 22 PM 1:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. HUNT
[Handwritten Signature]

CT CORP
(850) 656-4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 04/22/2024

Acc#I20160000072

eric DW

Name:	One Home Medical Equipment, LLC
Document #:	
Order #:	15505646

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

STATE OF FLORIDA
 TALLAHASSEE, FL
 APR 22 AM 7:59
 ED

Thank you!

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

One Home Medical Equipment, 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 05/28/2013 and assigned Florida document number L13000077551.

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 contain 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)

7:59 AM
MAY 28 2013
STATE OF FLORIDA
TALLAHASSEE, FL

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
	Daniel Kevin Feld	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Ralph Martin Wilson	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Strategy Advancement	Cassie L. Hoff	500 West Main Street	<input checked="" type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Lloyd Kirk Allen	500 West Main Street	<input type="checkbox"/> Add
		Louisville, KY 40202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7:02 AM 7:59
 STATE
 MISSISSIPPI

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

Officer title for Lloyd Kirk Allen has changed to "President, Home Solutions"

Officer title for Daniel Kevin Feld has changed to "Associate Vice President, Tax"

APR 22 AM 7:59
STATE
SECRETARY

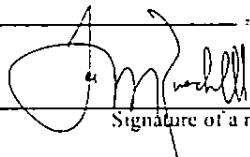
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 22, 2024



Signature of a member or authorized representative of a member

Joseph Matthew Ruschell

Typed or printed name of signee

Filing Fee: \$25.00