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FROM AKERMAN LLP

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Account Number : 075471001363
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K. SALY
EXAMINER

AUG 13 2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

Southeast Homecare 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 October 25, 2013 and assigned Florida document number L13000151346.

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:

7719 NW 48th Street

(Principal office address MUST BE A STREET ADDRESS)

Suite 330

Doral, Florida 33166

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Univita Health Inc.	15800 SW 25th Street	<input type="checkbox"/> Add
		Miramar, Florida 33027	<input checked="" type="checkbox"/> Remove
MGR	Integrated Home Care Acquisition Corp.	15476 NW 77th Court #703	<input checked="" type="checkbox"/> Add
		Miami Lakes, Florida 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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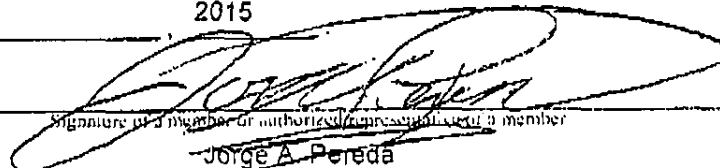
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 11 2015



Signature of a member or authorized representative of a member

Jorge A. Pereda

Typed or printed name of signer

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