

L16 000085596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

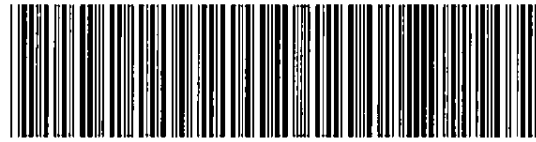
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STATE
TALLAHASSEE, FL

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DIRECTOR OF
CORPORATION SERVICES
FLORIDA

RECEIVED
6/12/24

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

Date: 04/22/2024

Acc#|20160000072

W: C D W

Name:	One Home Health Holdings, 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:	
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Amount: \$ **55.00**

Thank you!

APR 22 2024 AM 8:03
 OFFICE OF STATE
 TALLAHASSEE, FL
 E.D.

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

ONE HOME HEALTH HOLDINGS, 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 04/27/2016 and assigned Florida document number L16000085596.

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)

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,	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 type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FL
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