

L21000156151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

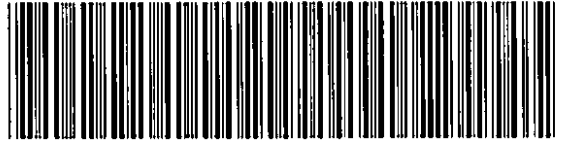
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600364258296

RECEIVED  
2021 APR 20 AM 8:31  
2021 APR 20 PM 2:43  
SECRETARY OF STATE  
-TALL AMESSEY

O SIMMONS  
APR 21 2021

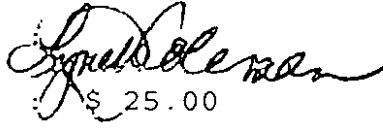
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 770937 5152828

AUTHORIZATION

COST LIMIT : \$ 25.00



-----  
ORDER DATE : April 20, 2021

ORDER TIME : 11:12 AM

ORDER NO. : 770937-005

CUSTOMER NO: 5152828  
-----

DOMESTIC AMENDMENT FILING

NAME: 5 STAR HOME HEALTH SERVICES,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 5 Star 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:

Shannon L. Drake

Name of Person

Aveanna Healthcare LLC

Firm/Company

400 Interstate N. Parkway, Suite 1600

Address

Atlanta, Georgia 30339

City/State and Zip Code

Shannon.Drake@Aveanna.com

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

For further information concerning this matter, please call:

Ronald W. Eisenman

Name of Person

at ( 404 ) 307-5816

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

5 Star Home Health Services, LLC

2021 APR 20 AM 8:31

(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 April 9, 2021 and assigned Florida document number L21000156151.

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:

400 Interstate N. Parkway, Suite 1600

(Principal office address MUST BE A STREET ADDRESS)

Atlanta, Georgia 30339

Enter new mailing address, if applicable:

400 Interstate N. Parkway, Suite 1600

(Mailing address MAY BE A POST OFFICE BOX)

Atlanta, Georgia 30339

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida

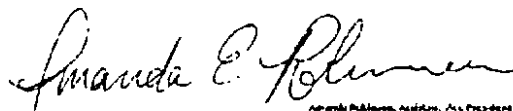
32301

*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.*

  
Amanda Plummer, Assistant, LLC President

**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

2021 APR 20 AM 8:31

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Rodney D. Windley</u>	<u>400 Interstate N. Parkway, Suite 1600</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, Georgia 30339</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>H. Anthony Strange</u>	<u>400 Interstate N. Parkway, Suite 1600</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, Georgia 30339</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>Timothy T. Beach</u>	<u>8010 25th Court East, Unit 103</u>	<input type="checkbox"/> Add
		<u>Sarasota, Florida 34243</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>Stuart Christensen</u>	<u>8010 25th Court East, Unit 103</u>	<input type="checkbox"/> Add
		<u>Sarasota, Florida 34243</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>Cassandra Bell</u>	<u>8010 25th Court East, Unit 103</u>	<input type="checkbox"/> Add
		<u>Sarasota, Florida 34243</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>Manager</u>	<u>Ryan Shultz</u>	<u>8010 25th Court East, Unit 103</u>	<input type="checkbox"/> Add
		<u>Sarasota, Florida 34243</u>	<input checked="" type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change



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

2021 APR 20 AM 8:31

Multiple horizontal lines for amending information.

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 16, 2021

/s/ Rodney D. Windley

Signature of a member or authorized representative of a member

Rodney D. Windley

Typed or printed name of signee