# L08000043057

(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:				
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EXAMINER

#### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations

SUBJECT

## Home Health Agency - Palm Beaches, 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:

James Happ

Name of Person

SunCrest Omni

Firm/Company

8198 Jog Road, Suite 101

Address

Boynton Beach, Florida 33472

City/State and Zip Code

jimh@medstarhha.com

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

For further information concerning this matter, please call:

### James Happ

<sub>at</sub> 561,255-5560

Name of Person

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)

Certificate of Status Certified Copy
(additional copy, is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan		orde )
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)	<u>01 us.</u> /
The Articles of Organization for this Limited Liability Company	were filed on 04/29/2008	and assigned
Florida document number L08000043057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7
	•	DCT DCT
Enter new mailing address, if applicable:	• • • • • • • • • • • • • • • • • • • •	₩1, N
(Mailing address MAY BE A POST OFFICE BOX)		man' m
B. If amending the registered agent and/or registered offine registered agent and/or the new registered office address here		, 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 s	treet address
		orida
	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					
Title ·	<u>Name</u>	Address	Type of Action		
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,	erate under the Fictitious Nar				
MedStar Home I	Health effective 10/28/13				
Fictitious name t	Fictitious name filed with State of Florida on 10/03/13				
Registration # G	13000098022				
Dated October 16	2013				
James L	Topp				
James Happ	Typed or printed name of signee	member			
	Page 3 of 3				
	Filing Fee: \$25.00	ZUIS OCT ZI PH 5: 19 PALLAHASSEELTI DINEM			