L15000021526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

Law Offices of Jennifer D. Peshke, P.A.

February 27, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Affordable Care at Home, LLC
No. L15000021526

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization of Affordable Care at Home, LLC. Also, enclosed is a check for $25.00 to cover the filing fee and a return envelope for a letter of acknowledgment.

Please contact me with any questions. Thank you for your assistance.

Sincerely,

Jennifer D. Peshke

Jennifer D. Peshke

JDP/ha
Enclosures
cc: Mike Malone
Eric Young

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TALLAHASSEE, FLORIDA

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VERO BEACH, FL 32963
(772) 231 1233 P (772) 231 4435 F jdp@peshkelaw.com
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 MAR -4 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Affordable Care at Home, 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 Jan. 30, 2015 and assigned Florida document number L15000021526.

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:
(Principal office address MUST BE A STREET ADDRESS)

Hickory Ridge Plaza
1125 12th St., Ste. F
Vero Beach, FL 32960

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Hickory Ridge Plaza
1125 12th St., Ste. F.
Vero Beach, FL 32960

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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	

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 February 23, 2015.

Michael Malone
Signature of a member or authorized representative of a member

Michael Malone, Member
Typed or printed name of signee

Filing Fee: $25.00

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