

LIL 0000 85282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

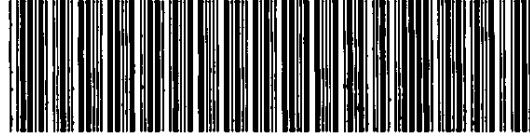
(Business Entity Name)

(Document Number)

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06/03/16--01011--005 \*\*25.00

11:19 AM  
16 JUN -3 AM 8:56  
DEPARTMENT OF STATE  
EMBASSY OF FLORIDA



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

Appex Home Health Care, 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 5/2/2016 and assigned Florida document number L16000085282.

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:**

6220 S. Orange Blossom Trail, Suite 181

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32809

**Enter new mailing address, if applicable:**

6220 S. Orange Blossom Trail, Suite 181

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32809

**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>
MGR	Pranav Patel	6220 S. Orange Blossom Trail	<input checked="" type="checkbox"/> Add
		Suite 181	<input type="checkbox"/> Remove
		Orlando, FL 32809	<input type="checkbox"/> Change
MGR	Rushang D. Patel	6220 S. Orange Blossom Trail	<input type="checkbox"/> Add
		Suite 181	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

16 JUN -3 AM 8:56  
SECRETARY OF STATE  
MICHIGAN DEPARTMENT OF STATE

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 5/31, 2016.

James J. Flick  
Signature of a member or authorized representative of a member

James J. Flick  
Typed or printed name of signee