

L02000016880

(Requestor's Name)

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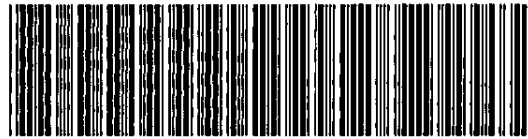
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS
SEP 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Palliative Homecare of Lake, Marion & Sumter
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:

Kelly C. Tripp

Name of Person

Florida Palliative Homecare of Lake, Marion & Sumter

Firm/Company

P.O. Box 200

Address

Augusta, GA 30903-0200

City/State and Zip Code

ktripp@caresouth.com

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

For further information concerning this matter, please call:

Kelly C. Tripp

Name of Person

at (706)

854-7428

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/COURIER ADDRESS:

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

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

Florida Palliative Homecare of Lake, Marion & Sumter Counties, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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COUNTY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/03/2002 and assigned
Florida document number L02000016880.

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)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

_____ P.O. Box 200

_____ Augusta, GA 30903-0200

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rick W. Griffin	One Tenth Street Suite 500 Augusta, GA 30901-0103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	John M. Southern	One Tenth Street Suite 500 Augusta, GA 30901-0103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mary E. Poe	3231 SW 34th Avenue Ocala, FL 34474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael A. Knox	3231 SW 24th Avenue Ocala, FL 34474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Victoria L. Nelson	3231 SW 24th Avenue Ocala, FL 34474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MBR	CareSouth HHA Holdings, L	One Tenth Street Suite 500 Augusta, GA 30901-0103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please see attached

Dated August 31

2011

Signature of a member or authorized representative of a member

Rick W. Griffin, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OF
FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION, & SUMTER
COUNTIES, L.L.C.

Pursuant to Florida Statutes 608.411 and 608.4231 of the Florida Limited Liability Company Act, the undersigned limited liability company adopts the following Articles of Amendment to the Articles of Organization.

1. The name of the limited liability company is Florida Palliative Home Care of Lake, Marion, & Sumter Counties, L.L.C.

2. The Articles of Organization of the company were filed with the Secretary of State of the State of Florida on July 3, 2002 and assigned document number Lo2000016880.

3. The following amendment to Article 6 of the Articles of Organization was adopted by (i) Hospice of Marion County, Inc, the former sole member of the Company, and the former managers of the Company by unanimous vote on June 27, 2011 and (ii) the sole member of the Company and by the Managers of the Company by unanimous vote on August 31, 2011 in the manner prescribed by the Florida Limited Liability Company Act:

The New Sole Member of the company is **Caresouth HHA Holdings L.L.C.**

4. These Articles of Amendment shall be effective upon filing with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned Member and Managers have made
and subscribed these Articles of Amendment this 31st day of August, 2011.


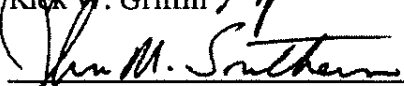
HOSPICE OF MARION COUNTY, INC., former
member of Florida Palliative Home Care of Lake,
Marion & Sumter Counties, L.L.C.


By: Mary Ellen Poe
Its: CEO

CARESOUTH HHA HOLDINGS L.L.C., Sole
Member of Florida Palliative Home Care of Lake,
Marion & Sumter Counties, L.L.C.


By: Rick W. Griffin
Its: President

MANAGERS, Florida Palliative Home Care of
Lake, Marion & Sumter Counties, L.L.C.


Rick W. Griffin

John M. Southern

[Acknowledgements follow.]

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF MARION

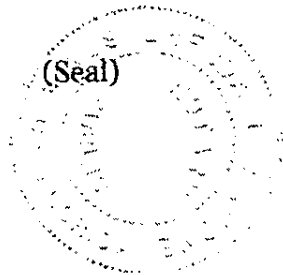
I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Mary Ellen Poe, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and she acknowledged before me that he subscribed to these Articles of Amendment as the act of Hospice of Marion County Inc., the former sole member of Florida Palliative Home Care of Lake Marion & Sumter Counties L.L.C. and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2011.

Brenda J. Pavone

Notary Public, State of Florida

My commission expires: July 30, 2015



BRENDA L. PAVONE
MY COMMISSION # EE 078313
EXPIRES: July 30, 2015
Bonded Thru Budget Notary Services

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

COUNTY OF Richmond

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TALLAHASSEE
SECRETARY OF STATE

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Rick W. Griffin, to me known to be the person described herein and who is known to me, executed the foregoing Articles of Amendment, and he acknowledged before me that he, as President, is authorized to and did subscribe to these Articles of Amendment as the act of Caresouth HHA Holdings L.L.C., the sole member of Florida Palliative Home Care of Lake Marion & Sumter Counties L.L.C. and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2011.



Kristen P. Martin
Notary Public, State of Georgia

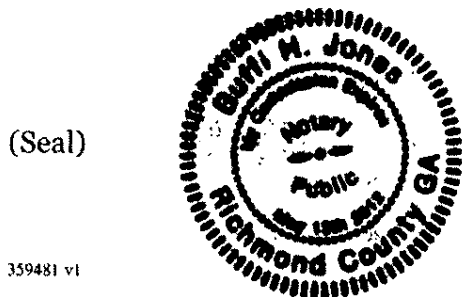
My commission expires: 4/12/2014

STATE OF GEORGIA

COUNTY OF Richmond

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Rick W. Griffin and John M. Southern, to me known to be the person described herein and who are known to me, executed the foregoing Articles of Amendment, and acknowledged before me that they are authorized to and did subscribe to these Articles of Amendment as the Managers of Florida Palliative Home Care of Lake, Marion & Sumter Counties L.L.C. and who did not take an oath.

WITNESS my hand and official seal this 31st day of August, 2011.



Butti H. Jones
Notary Public, State of Georgia

My commission expires: May 13, 2012