

LO2000020942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

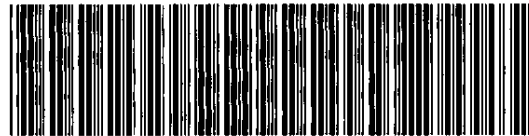
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000187080080

000187080080  
10728/10--01028--011 \*\*50.00

FILED

2010 OCT 28 AM 4:2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 29 2010

EXAMINER

LO2-20942

**THOMAS N. SILVERMAN, P.A.**

*Attorneys At Law*

3801 PGA Boulevard, Suite 902  
Palm Beach Gardens, Florida 33410  
Telephone: (561) 775-7500 Facsimile: (561) 775-7503

THOMAS N. SILVERMAN, ESQ.  
LL.M. - Harvard University  
LL.M. (Tax) - New York University  
Florida Bar Board Certified Tax Attorney  
Also admitted in Pennsylvania

CHARLES T. WEISS, ESQ.  
J.D., LL.M. (Estate Planning)  
University of Miami

October 26, 2010

File # 75884.01

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Medi-Care Home Health, LLC / Articles of Amendment

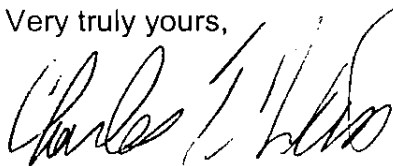
Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of MEDI-CARE HOME HEALTH, LLC, a Florida limited liability company, together with one (1) additional copy of same. Also enclosed is a check in the amount of \$50.00 in payment of the filing fees.

Please date-stamp the enclosed photocopy and return the same to the undersigned in the postage-paid, self-addressed envelope provided for this purpose.

Of course, please do not hesitate to contact us if you have any questions. Thank you.

Very truly yours,



Charles T. Weiss

CTW/jr:Reeves.x2  
Enclosures

cc Diane Reeves (w/enc)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
OCT 29 2010  
42

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION OF  
MEDI-CARE HOME HEALTH, LLC**

1. MEDI-CARE HOME HEALTH, LLC was formed on August 12, 2002, and Articles of Organization were filed with the Florida Department of State on August 16, 2002, with Amendments to the Articles of Organization having previously been filed on January 26, 2004, and September 27, 2004.

2. MEDI-CARE HOME HEALTH, LLC is a limited liability company.

3. Pursuant to Sections 608.411 and 608.416, Florida Statutes, the Members of the Company hereby adopt this Amendment to the Articles of Organization and hereby certify that (i) the Members owning all of the issued and outstanding Membership Interests in the Company are entitled to vote on the adoption of the Amended Articles of Organization, (ii) the Amended Articles of Organization were authorized by affirmative vote of all of the Members of the Company, and (iii) the Members of the Company adopted the Amended Articles of Organization on October 18, 2010, by Written Consent set forth as follows:

1. DIANE REEVES is named as the Sole Managing Member.
2. **Article III** of the of the Articles fo Organization are amended to provide as follows:

**ARTICLE III**

The name and Florida street address of the registered agent is:

CHARLES T. WEISS, ESQ.  
c/o Thomas N. Silverman, P.A.  
3801 PGA Boulevard, Suite 902  
Palm Beach Gardens, FL 33410

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Amended Articles of Organization, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: October 18, 2010

  
CHARLES T. WEISS

DATED this 18 day of October, 2010.

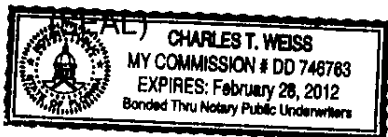


DIANE REEVES, as Personal Representative of the Estate of ADAM C. REEVES, deceased, Member and Manager

STATE OF FLORIDA                    )  
COUNTY OF PALM BEACH        )ss.

The foregoing instrument was acknowledged before me by DIANE REEVES, as Personal Representative of the Estate of ADAM C. REEVES, deceased (who is personally known to or who provided \_\_\_\_\_ as identification).

WITNESS my hand and official seal in the County and State last aforesaid this 18 day of October, 2010.

  
Notary Public State of Florida, at Large

My commission expires:

FILED  
2610 OCT 28 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA