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(Requestor's Name)

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(City/State/Zip/Phone #)

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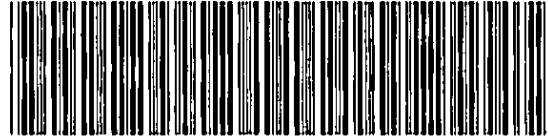
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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JUN 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AllPro Home Health, 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:

Alex Jones

Name of Person

Kohrman Jackson & Krantz, LLP

Firm/Company

1375 East 9th Street, 29th Floor

Address

Cleveland, Ohio 44114

City/State and Zip Code

ituttle@intelicarehs.com

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

For further information concerning this matter, please call:

Alex Jones

216 736-7241
at ()

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)

☐ \$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**

AllPro Home Health, 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 January 4, 2005 and assigned Florida document number L05000001093.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8198 Jog Road, Suite 201
Boynton Beach, FL 33472

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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:

Irene Tuttle

New Registered Office Address:

8198 Jog Road, Suite 201

Enter Florida street address

Boynton Beach

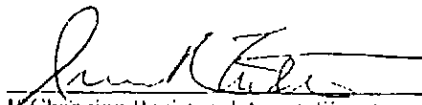
City

Florida 33472

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

Irene Tuttle

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 AMBR	InTeliCare Services FL2, LLC	8198 Jog Road, Suite 201	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Brent Probinsky	995 Tamiami Trail, Suite B	<input type="checkbox"/> Add
		Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Susan Probinsky	995 Tamiami Trail, Suite B	<input type="checkbox"/> Add
		Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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DIVISION OF CORPORATIONS

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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.

(b) The 90th day after the record is filed.

Dated 5/30/2018 2018

Signature of a member or a

Irene Tuttle, President and Chief Executive Officer

Typed or printed name of signee