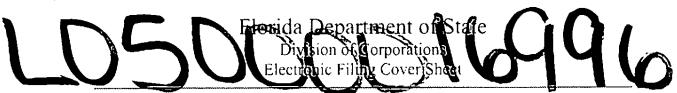
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future minimum report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARETENDERS VISITING SERVICES OF GAINESVILLE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caretenders Visiting Services of Gain					
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab	he Articles of Organization for this Limited Liability Company were filed on 02/18/2005 and assigned				
Florida document number <u>L05000016996</u>					
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company here:				
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."			
Enter new principal offices address, if applicab					
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
· · · · · · · · · · · · · · · · · · ·	istered office address on our records, <u>enter the name o</u>	of the new registered			
agent and/or the new registered office address	nere:				
N					
Name of New Registered Agent:					
New Registered Office Address:		- <u> </u>			
	Entor Florida street address				
	Florida	1 (2) 20. (2)			
New Registered Agent's Signature, if changing Res	·	Zip Code =			
					
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan ered agent as provided for in Chapter 605, F.S. Or, if gistered office address, I hereby confirm that the limit tange.	nillar with and this document is			

If Changing Registered Agent, Signature of New Registered Agent

To:

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

Title	Name	<u>Address</u>	Type of Action
MGR	LHC Group Inc	901 Hugh Wallis Road South	□Add
		Lafayette, LA 70508	■ Remove
			□Change
MGR	MGR National Health Industries, Inc.	901 Hugh Wallis Road South	■Addi
		Lafayette, LA 70508	□Remove
			□Change
			□ Add
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this beforement's effective date on the l	plock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pur statutory filing requirements, this date will	suant to 605.9207 (3 not be listed as the
record specifies a delayed effecti d is filed.	ive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90	th day after the
Dated November 27	. 2024		
	7 177		

Typed or printed name of signee