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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Home Health Services 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:

Valerie Jeune
(Name of Person)

Compass Home Health Care LLC
(Firm/Company)

PO Box 600007 Miami, Fl. 33160
(Address)

Miami, Fl. 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Jeune at (305) 944-8888
(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)

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Comprehensive Home Health Services LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 3/8/2005 and assigned document number L05000023492.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Name changed to : Compass Home Health Care LLC

Mailing Address changed to : PO BOX 600007, Miami Fl. 33160

~~Change to a professional service corporation~~ - rendered services include: home health, staffing, and private duty, consulting, etc.

Dated April 18th, 2005

Valerie Jeune

Signature of a member or authorized representative of a member

Valerie Jeune

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00