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CORPORATION NAME(S) & DOCU	MENT NUMBER(S).	·
1. Home Medic (Corporation Name) 2. (Corporation Name)	(Document #)	<u>~</u>
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time Mail out Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of Change of Regi Dissolution/Wi Merger	
OTHER FILINGS Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	<u>/QUALIFICATION</u> rship
		Examiner's Initials

CR2E031(7/97)

AMENDMENT TO ARTICLES OF ORGANIZATION OF HOME MEDICAL MANAGEMENT, LLC

Pursuant to the Florida Statutes, the undersigned limited liability company adopts the following Amendment to its Articles of Organization, which Articles of Organization were approved by and filed with the Secretary of State of Florida on April 1, 2005, document number L05000032056.

- 1. The following Amendment to the Articles of Organization was adopted by the Members of the Corporation on May 26, 2005, and have consented to and authorized this Amendment by Action of the Members on May 26, 2005.
 - A. Article II of the Article of Organization is hereby amended to read as follows:

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 112 E. New York Avenue, Suite E, Deland, FL 32724.

B. Article IV of the Articles of Organization is hereby amended to read as follows:

ARTICLE IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager until the first annual meeting of members or until his successor(s) is elected and qualified is:

Robert Rowland 295 Stratford Court Lake Mary, Florida 32746

2. The remainder of the Articles of Organization shall remain the same and, except as herein amended, and shall remain in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the company as the duly authorized act of the said company this 1st day of June, 2005.

HOME MEDICAL MANAGEMENT, LLC

S. W. A. W. D. S.

Print Name: Robert L. Harding, Esq.

As Authorized Representative of Members

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 1st day of June, 2005 by Robert L. Harding, Esq., as Authorized Representative of the Members of Home Medical Management, LLC, who is personally known to me (or who has produced _______ as identification) and who did/did not take an oath.

DEBBIE PAINO
Commission # DD0213198
Expires 5/15/2007
Bonded through
(800-32-4254) Florida Notary Assn., Inc.

Notary Public - State of Florida My Commission Expires: