

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L06000029580

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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFINITY HOME CARE, L.L.C.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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JAN 14 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinity Home Care, L.L.C.

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:

Celeste Peiffer

Name of Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, Louisiana 70816

City/State and Zip Code

celeste.peiffer@amedisys.com.

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

For further information concerning this matter, please call:

Celeste Peiffer

at (225)

299-3366

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**

Infinity Home Care, L.L.C.

(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 March 16, 2006 and assigned
Florida document number L06000029580.

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)

5959 S. Sherwood Forest Blvd.

Baton Rouge, Louisiana 70816

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5959 S. Sherwood Forest Blvd.

Baton Rouge, Louisiana 70816

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

City

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

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

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amedisys Health Care West, L.L.C.	5959 S. Sherwood Forest Blvd.	<input checked="" type="checkbox"/> Add
		Baton Rouge, Louisiana 70816	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	R. Robert Moxley	6700 Professional Parkway West	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Scott Lee	6700 Professional Parkway West	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Phillip S. Dingle	6700 Professional Parkway West	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen B. Karasick	6700 Professional Parkway West	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffery Thompson	6700 Professional Parkway West	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALABAMA
SECTION 1001

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

Article IV of the Articles of Organization of Infinity Home Care, L.L.C. dated March 16, 2006

as amended by the Articles of Amendment thereto dated August 12, 2010,

is deleted in its entirety and replaced with:

"ARTICLE IV

MANAGEMENT

The limited liability company is a member-managed limited liability company."

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 7,

2016



Signature of a member or authorized representative of a member

Paul B. Kusserow, President & Authorized Representative of the Member - Amedisys Health Care West, L.L.C.

Typed or printed name of signer

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ALABAMA SECRETARY OF STATE