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N. C. JUN 2 = 2018

, COVER LETTER*

Division of Corpo				
SUBJECT: Cl	TY OF ANGELS H	IOME HEALTH CARE, I	.LC	
	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	MICHAEL C. TRUTT			
		Name of Person		
:	CITY OF ANG	ELS HOME HEALTH CARE, LLC		
		Firm/Company		
	12926 SW 133 COURT, SUITE B			
		Address		
MIAMI, FL 33186				
City/State and Zip Code				
	cityof	angels305@bellsouth.net		
		to be used for future annual report notific	ation)	
For further information con-	cerning this matter, please of	eall:		
MICHAE	EL C. TRUTT	at (786) 3	33-8730	
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)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
	G ADDRESS: on Section	STREET/COURIE Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY OF ANGELS HOME HEALTH CARE, LLC

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(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document number L06000054	· · ·	05/26/2006	and assigned
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	T ADDRESS)		·-···
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	POV		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on o		
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Fu	ter Florida street add	ress
	En		
	City	, Florida	Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Type of Action <u>Address</u> MGRM MARIA T. RIVERO 8550 SW 109 AVENUE #121 ☐ Add Remove MIAMI, FL 33173 Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member

MICHAEL C. TRUTT

Typed or printed name of signee

2010

MAY 28

Dated

Page 2 of 2

Filing Fee: \$25.00