

9442 LAW OFFICE CEASAR MESTRE 12009
W06000098008
Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

((H09000228923 3)))



H090002289233ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
09 OCT 27 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2009 OCT 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICES OF CEASAR MESTRE JR
Account Number : I20070000140
Phone : (305)824-9032
Fax Number : (305)824-9442

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROFESSIONAL HOME HEALTH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

OCT 28 2009

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL HOME HEALTH, LLC

(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 June 6, 2006 and assigned Florida document number L06000058008

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 end with 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)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

FILED 2009 OCT 27 AM 10:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: OSVALDO RICARDO
New Registered Office Address: 3798-B WEST 12TH AVENUE
Enter Florida street address
HIALEAH, Florida 33012
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 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	Name	Address	Type of Action
MGRM	SANTIAGO ORDAZ	3798-B WEST 12TH AVENUE HIALEAH, FLORIDA 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	SANTIAGO ORDAZ	4208 WEST 5th LANE HIALEAH, FLORIDA 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 OCT 27 AM 10:21
 FILED
 RETARDED
 FLORIDA
 STATE

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

Dated 10/5/09



Signature of a member or authorized representative of a member

Typed or printed name of signee