## Colorida Department of State 350 Pivision of Corporation 350 Electronic Fifting 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.

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|          | will generate another cover sheet     | · E.                               | <u> </u>            |
|----------|---------------------------------------|------------------------------------|---------------------|
| To:      |                                       | 25,1                               | 7176                |
| <b>.</b> | Division of Corporations              | 3-7                                | 25                  |
|          | Fax Number : (850) 617-6383           | <u> </u>                           | $\overline{\omega}$ |
| From:    |                                       | 1117                               |                     |
|          | Account Name : C T CORPORATION SYSTEM | N                                  | 77.4                |
|          | Account Number : FCA00000023          |                                    |                     |
|          | Phone : (850) 205-8842                | $\Leftrightarrow$ $\mathbb{N}_{+}$ | CO                  |
|          | Fax Number : (850) 878-5368           | <u> </u>                           | * *                 |
|          |                                       | 5,5,                               | 0                   |

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

Email Address:

16 JAN 13 PM 12: 4 ECRETARY BESTATE LAHASSEE, FERRIN

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY HOME CARE OF PORT CHARLOTTE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

J. HARRIS

## **COVER LETTER**

| TO: Registration Division of | s Section<br>Corporations                 |   |   |
|------------------------------|---|---|---|
|                              | Home Care of Port Charlotte, LL           | С   |   |
| SUBJECT:                     | Name of Lie                               | nited Liability Company   |   |
| The enclosed Articles        | of Amendment and fee(s) are sul           | omitted for filing.   |   |
| Please return all corre      | spondence concerning this matter          | to the following:   |   |
|                              | Celeste Peiffer                           |   |   |
|                              |   | Name of Person  |   |
|                              | Amedisys, Inc.                            |   |   |
|                              |   | Finn/Company  |   |
|                              | 5959 S. Slierwood Forest                  | Blvd.   |   |
|                              |   | Address   |   |
|                              | Baton Rouge, Louisiana.7                  | 0816  |   |
|                              | <del></del>                               | City/State and Zip Code   |   |
|                              | celeste.peiffer@amedisys.c                |   |   |
|                              | E-mail address: (                         | to be used for future annual report notil                           | ication)  |
| For further information      | concerning this matter, please or         | all;  |   |
| Celeste Peiffer              |   | 225 299-3366<br>ai ()   |   |
| Name                         | e of Person                               | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for      | the following amount:                     |   |   |
| □ \$25.00 Filing Fee         | S30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filling 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 of Port Charlot  |  |   |  |
|---|--|---|--|
| (Name of the Limit  | ted Liability Comp<br>(A Florida Limited               | any as it now appears on our records.<br>Liability Company)       | 3  |
| The Articles of Organization for this Limited L Florida document number 1.06000064350   | iability Company                                       | y were filed on June 26, 2006                                     | and assigned   |
| This amendment is submitted to amend the following  | owing:   |   |  |
| A. If amending name, enter the new name of  | f the:limited liab                                     | pility company here:  |  |
|   |  |   | 开心 留   |
| The new name must be distinguishable and contain the w  | ords "Limited Liabi                                    | ility Company," the designation "LLC"                             | or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applic  | able:  | 5959 S. Sherwood Forest Blvd.                                     | The state of the s |
| (Principal office address MUST BE A STREE   |  | Baton Rouge, Louisiana 70816                                      | 955 W E  |
|   |  |   | mic = C  |
|   |  |   | 200 <b></b>  |
| Enter new mailing address, if applicable:   |  | 5959 S. Sherwood Forest Blvd.                                     | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE)  | BOX)   | Baton Rouge, Louisiana 70816                                      | 7.   |
| B. If amending the registered agent and/or the new registered of Name of New Registered Agent:  |  | <b>e</b> :  | enter the name of the ne   |
| New Registered Office Address:  | 1200 South Pin   | e Island Road   |  |
| ivew inclinated Office Address.   |  | Enter Florida street address                                      |  |
|   | Plantation   | , Flor  | da 33324<br>Zip Code   |
|   |  |   | Zip Code   |
| New Registered Agent's Signature, if changing R   | egistered Agent:                                       |   |  |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified. | r and complete<br>tered agent as p<br>egistered office | performance of my duties, and<br>provided for in Chapter 605, F., | I am familiar with and<br>S. Or, if this document is   |
|   | <u></u>  | elect toly  | D  |

Page 1 of 3

1/13/2016 12:29:36 PM From: To: 8506176383( 4/5 )

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 AMBR = Authorized Member

| Title       | Name                       | Address                       | Type of Action |
|-------------|----------------------------|-------------------------------|----------------|
| MGRM        | Infinity Home Care, L.L.C. | 5959 S. Sherwood Forest Blvd. | □ Add          |
|             |                            | Baton Rouge, Louisiana 70816  | □ Remove       |
| •           |                            |                               | Change         |
|             |                            |                               | □ Add          |
|             |                            |                               | ☐ Remove       |
|             |                            |                               | Change         |
| · ·         |                            |                               |                |
|             |                            |                               | □ Remove       |
|             |                            |                               | Change         |
| · · · · · · |                            |                               |                |
|             |                            |                               | ☐ Remove       |
|             |                            |                               | ☐ Change       |
|             |                            |                               | Add Si         |
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|             | •                          |                               | U Change       |
| *           |                            |                               | Add C          |
|             | ·                          |                               | □ Remove       |
|             |                            |                               | Change         |

1/13/2016 12:29:36 PM From: To: 8506176383( 5/5 )

| Paul B. Kusserow, President & Authorized Representative of the Member - Infinity Health Care, L.L.C.  Typed or printed name of signee  | Article IV of the Articles   | es of Organization of Infinity Home Care of Port Charlotte, LLG d  | ated June 26, 2006,   |
|--|--|--|---|
| "ARTICLE IV  MANAGEMENT  The Ifmitted liability company is a member-managed limited liability company."  The Ifmitted liability company is a member-managed limited liability company."  The Ifmitted liability company is a member-managed limited liability company."  (optional)  Solive 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 60! If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.  ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied specifies and the record is filled.  January 7  2016  Paul B. Kusserow, President & Authorized Representative of the Member - Infinity Health Care, Life Company of the Member - Inf | as amended by the Articl   | eles of Amendment thereto dated August 12, 2010,   | ····  |
| we date, if other than the date of filing:    Coptional  | is deleted in its entirety a   |  |   |
| we date, if other than the date of filing:  (optional)  to the date in fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60st fill the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliegoth day after the record is filled.  January 7  2016  Paul B. Kussorow, President & Authorized Representative of the Member - Infinity Health Care, LLC.  Typed or printed name of signee   |  |  | <del></del>   |
| ve date, if other than the date of filing:   |  | MANAGEMENT   |   |
| If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be list ent's effective date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied good day after the record is filled.  January 7  2016  Paul B. Kusserow, President & Authorized Representative of the Member - Infinity Health Care, L.I.C.  Typed or printed name of signee  | The limited liab   | oility company is a member-managed limited liability company."   | <del></del>   |
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| Signature of a member of authorized representative of a member  Paul B. Kusserow, President & Authorized Representative of the Member - Infinity Health Care, LLC.  Typed or printed name of signee  |  |  |   |
| Paul B. Kusscrow, President & Authorized Representative of the Member - Infinity Health Care, L.L.C.  Typed or printed name of alganee   | f the date inserted in this int's effective date on the order of the o | s block does not meet the applicable statutory filling requirements, e Department of State's records.  yed effective date, but not an effective time, at 12:0  | this date will not be list  |
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