

L060000098624

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D. BRUCE

JAN 10 2011

EXAMINED

COVER LETTER

TO: . Registration Section
Division of Corporations

SUBJECT: Emerald Home Health Care Services, LLC
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:

Christopher B. Benham
Name of Person

Emerald Home Health Care Services, LLC
Firm/Company

2420 Enterprise Road Suite 106
Address

Clearwater, FL 33763
City/State and Zip Code

cbenham@nsi-consulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher B. Benham at (727) 741-3512
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

Emerald Home Health Care Services, 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 9 October 2006 and assigned Florida document number LO6000098624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2420 Enterprise Road
Suite 106
Clearwater, FL 33763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2420 Enterprise Road
Suite 106
Clearwater, FL 33763

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:

Christopher B. Benham

New Registered Office Address:

2420 Enterprise Road Suite 201
Enter Florida street address

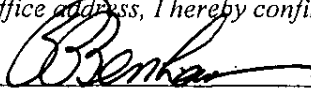
Clearwater
City

Florida

33763
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>marm</u>	<u>Brenda M. Wright</u>	<u>1533 Seabreeze Street</u> <u>Clearwater FL 33756</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgem</u>	<u>David H. Wright</u>	<u>1533 Seabreeze Street</u> <u>Clearwater FL 33756</u>	<input type="checkbox"/> Add <input checked="" 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

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

Dated 3 January, 2011

Benham
Signature of a member or authorized representative of a member
Christopher B. Benham
Typed or printed name of signee

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 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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