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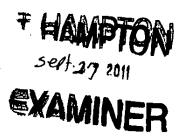
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2011 SEP 26 PH 1:47
SECRETARY OF STATE
AND ASSEE, FLORIDA



COVER LETTER

TO:	Registration Sect Division of Corpo				,
SUBJI	ECT:	VENTUS H	OME HEALTH LLC	•	
		Name of Limi	ted Liability Company		
		mendment and fee(s) are sub	-		
			JORGE LORENZO		
			Name of Person		
		VENT	US HOME HEALTH I	LLC	
			Firm/Company		
		71	75 SW 8 ST. STE.212	2	
			Address		
			MIAMI, FL 33144		
			City/State and Zip Code		
		VENTUSH E-mail address: (1	OMEHEALTH@YAHO o be used for future annual repo	OO.COM ort notification)	
For fur	ther information con	cerning this matter, please c	all:		
	JORGI	E LORENZO	at (305)	264-5404	
	Name of P	erson		Daytime Telephone Number	
Enclose	ed is a check for the	following amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	sed)
		G ADDRESS:	STREET/C Registration	OURIER ADDRESS: Section	

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

VENTUS HOME HEALTH LLC

FILED

2011 SEP 26 PM 1: 47

		ME HEALIH LL		Y OF STATE
(<u>Name of the Limite</u>	A Florida Limite	ed Liability Company)	s on our readings HASS	EE. FLURIDA
The Articles of Organization for this Limited Florida document number L0600011	• •	any were filed on	12/01/2006	_ and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	iability company her	<u>e</u> :	
	N	I/A		
The new name must be distinguishable and end w "L.L.C."	ith the words "L	imited Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	N/A			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>		
Enter new mailing address if applicables		 N/A		
Enter new mailing address, if applicable:	IN/A		·	
(Mailing address MAY BE A POST OFFICE	<u> BUX)</u>			
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the	name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Ent	ter Florida street addres	ss.
			, Florida	
		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 Type of Action Address Title **Name** MGR **CRISTINA PERRUOLO** 7175 SW 8 ST STE.212 ✓ Add Remove MIAMI, FL 33144 Remove ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,

Signature of a member or authorized representative of a member

Dated

JORGE LORENZO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00