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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HEGAHED HOME HEALTH CARE LLC (Name of Limited Liability Company)
(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:
VICENTE MARTIN- Holalgo (Name of Person)
(Name of Person)
(Firm/Company)
14166 SW 13 H STREET (Address)
(Address)
Hicmi Floreicle 33184 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Vicente blantin - Hiclardo at (786) 333-1845 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{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

HEGA HED

	(Al Folida Emiliod Emolity Company)		
FIRST:	The Articles of Organization were filed on 3/13/2007 and assigned document number 4070000275.79		
SECOND:	This amendment is submitted to amend the following:		
	AMERIO ARTICLE II to READ:		
	Principal Address:		
	4646 WEST 4th Avenue		
	Hiclard Florida 33012		
			
	Mailing Address:		
	4646 WEST 4th Avenue		
	4646 WEST 4th Menue Hisland, Florida 33012		DIVIO S
		7 MA	SECR
	FEI Humbon: 20-8626649	MAR 23	ETAR)
Dated	3-14, 2007	PH I:	COF ST ORPORT
	Signature of a number or authorized representative of a member	-	ATION:
	Vicente Mantin- Hidalgo		
	Typed or printed name of signee		

Filing Fee: \$25.00