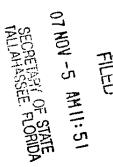


(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	:
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11/05/07--01015--020 **25.00



COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: Extra Care Home Health Services, LLC (Name of Limited Liability Company)	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Susan Ricaa (Name of Person)	
Extra Care Home Health Services (10 (Firm/Company)	0.
6412 N University Or Suite 136	07 NOV -5
Tamarac Florida 33321 (City/State and Zip Code)	AHII:5
or further information concerning this matter, please call:	a <u></u>
(Name of Person) at (Sul) 674-5004 (Area Code & Daytime Telephone Number)	
nclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$560.00 Filing Fee, Certificate of Status \$\Bigcup Certified Copy\$ Certificate of Status \&	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extra Care	Home	Health	Services	LLC	
•	_	(Present Nam	e)	•	
	(A Florid	a Limited Liabil	ity Company)		
	`				

FIRST:	The Articles of Organization were filed on 3-31-06 and assigned document number 6000030306.		
SECOND:	This amendment is submitted to amend the following:		
	Please remove Mobini Dewkinandan (1	nain)	
	and Add - Sandra Gopal (mgrm)		
	6412 N Un weresity Dr.		
	Suite 136		
	Tamarac Fl 33321		
	in her place	0	
	Thank you	O7 NOV -5 AM 11:5	
			FILEU
		一門 星	
		HII:5	
		Su	
Dated <u>O</u>	etober 31 , 200)		
	Sugar Phoca		
	Signature of a member or authorized representative of a member		
	Susan Ricca Timod or printed name of cirmon		

Filing Fee: \$25.00