L07000039654

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(Address)

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(City/State/Zip/Phone #)

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N. Cullison NOV 20 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Aker Kasten Home Health Care, 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:

Dr. John B. Aker
Name of Person

Aker Kasten Home Health Care
Firm/Company

1580 NW 2nd Avenue, Suite 10
Address

Boca Raton, FL 33432
City/State and Zip Code

lragaller@akhomehealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurel Ragaller at (561) 862-7365
Name of Person *Area Code & Daytime Telephone Number*

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aker Kasten Home Healthcare, 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 04/13/2007 and assigned Florida document number L07000039654.

This amendment is submitted to amend the following:

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

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)

Aker Kasten Home Healthcare, LLC
1580 NW 2nd Avenue, Suite 10
Boca Raton, FL 33432

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Aker Kasten Home Healthcare, LLC
1580 NW 2nd Avenue, Suite 10
Boca Raton, FL 33432

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: _____

New Registered Office Address: 1580 NW 2nd Avenue, Suite 10
Enter Florida street address

Boca Raton, **Florida** 33432
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

Title	Name	Address	Type of Action
MGR	Ann Kasten Aker	1445 NW Boca Raton	☐ Add
		Boca Raton, FL 33432	☑ Remove
MGRM	Rose M. Aker	1580 NW 2nd Ave, Ste 10	☑ Add
		Boca Raton, FL 33432	☐ Remove
MGR	Jana McDaniel	1580 NW 2nd Ave, Ste 10	☑ Add
		Boca Raton, FL 33432	☐ Remove
MGR	Matthew McDaniel	1580 NW 2nd Ave, Ste 10	☑ Add
		Boca Raton, FL 33432	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated 1 JANUARY 2014, _____.

Signature of a member or authorized representative of a member

John B. Aker

Typed or printed name of signee

Filing Fee: ~~$25.00~~ 60.00

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