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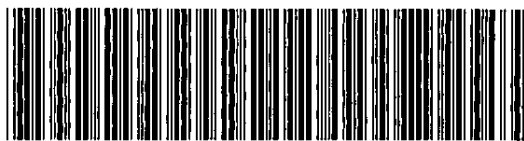
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glades Home Health Care Medical Center, 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:

Donia A. Roberts, Esq.

(Name of Person)

Donia A. Roberts, P.A.

(Firm/Company)

1100 North Main Street, Suite C

(Address)

Belle Glade, Florida 33430

(City/State and Zip Code)

For further information concerning this matter, please call:

Yolanda Hassan

(Name of Person)

at (561) 906-2612

(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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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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**

GLADES HOME HEALTH CARE MEDICAL CENTER, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on June 11, 2007 and assigned document number L07000061782.

SECOND: This amendment is submitted to amend the following:

Please Amend Article IV and delete the following:

MGRM Jannette Hasan, 173 W. Ave. A, Belle Glade,
Fl. 33430.

Dated October 17, 2007.



Signature of a member or authorized representative of a member

YOLANDA HASSAN, MGR., MGRM

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00