Ingerteol I PRoortey 4125621641 05 Bucharlan Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003677193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					De U	5	
10.	Division of Co	ornorations					1
	Fax Number	; (850)617-	-6383			E .	الإسو
						۲. j	
From:					5	- L	ب سر
	Account Name	•		& ROONE	iy m	H	(<i>i</i>
	Account Number				·		C
	Phone	: (813)222-			-0	œ	÷
	Fax Number	; (813)222-	-8189		031	8:55	
	d . 1	lat and the					
1 Address	ND/RESTATE/	beræbi Correct (Home cari	OR M/MG	RESIG	 N		
LC AM	ND/RESTATE/	CORRECT (HOME CAR)	OR M/MG	RESIG	 IN		
LC AM	ND/RESTATE/ ACHIEVE F	CORRECT (HOME CAR)	OR M/MG	RESIG	 N		
	ND/RESTATE/ ACHIEVE F Certificate of Status	CORRECT (HOME CAR)	OR M/MG	RESIG		0.2510	
	ND/RESTATE/ ACHIEVE F Certificate of Status Certified Copy	CORRECT (HOME CAR)	DR M/MG E, LLC 1	RESIG		8 2019	

Electronic Filing Menu Corporate Filing Menu

Help

Buchanan Ingersoll + Rooney 4125621041

• •

•

3

.

(((HI 8000367719 3)))

45

1

COVER LETTER

TO: Registration Division of C			
	Achieve Home Care, I	J.C	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	of Amondment and fee(s) are an	braited for filing.	
Please return all curresp	condence concerning this matte	r to the following:	
	Dale S.	Webber	
		Name of Person	
	Buchanan Ingerso		
		Pirm/Company	
	401 East Jackson S		19
		Address	Jan Market
	Tampa,	FL 33602 City/State and Zip Code	
	dale.web	ber@bipc.com	ST I I
		to be used for future annual report notif	fcetlon)
For further information (concerning this matter, please c	all:	0311 35
Dalo S. Webber		813 222-8187	
Name o)f Person	Area Code Daytime	Tolephone Number
Enclosed is a check for th	he following amount:		
S25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing For & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS ation Section a of Corporations ix 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Excoutive Cen Tallahassee, FL 323	tions tor Circle

(((HI 8000367719 3)))

Buchanan	Ingersoll	+	Rooney	4	125621041
----------	-----------	---	--------	---	-----------

(((HI 8000367719 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Achleve Home C. (Neine of the Limited Linbility Company	are, LLC as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Fiorida document number		and assigned
This amondment is submitted to amond the following:		
A. If amending name, onter the new name of the limited linbilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbr 10502 N. Dale Mabry Highway	eivintion "Liverc."
(Principal office address MUST BE A STREET ADDRESS)	Tampa, PL	
	33618	SPA E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10502 N. Dalo Mabry Highway Tampa, FL	
	33618	
-		

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:	Androw K. Molosky				
New Registered Office Address:	12470 Telecom Drive, Suite 300 West				
	Enter F	Torida street address			
	Temple Tenace	, Florida3637			
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

3

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 605, 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.

ċ If Changing Registered Agent, Signature of New Registered Agent Page 1 of 3

(((HI 8000367719 3)))

Buchanan Ingersoll + Rooney 4125621041

(((HI 8000367719 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

•

٠

• •

Title	Name	Address	Type of Action
AMBR	Chapters Health Home Connect, Inc.	12470 Telecom Drive, Suíte 300 Wost, Temple Terrace, Florida	🖬 Add
			Remove
			D Change
MGR	Tammy B. King	10502 N. Dair Mabry Highway Tampa, Florida 33618	D Add
			Remove
		······································	
			Brhango F
		<u></u>	EChunger S
			Remóve
			Change
		······	🖾 Remove
			Change
·			D Add
			O Remove
			Change



.

(((HI 8000367719 3)))

٠

(((HI 8000367719 3)))

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

• • •

		•				
		·····		·		
					, ,	
	<u> </u>					
					·	
			·· ··		·	
		·				
					AH	· • •
·····				•••••••••••••••••••••••••••••••••••••••		ر نر
					بې بې	日に
						E (
						o o
						- I HH 8: 55
			···			<u> </u>
					MASSEL. FLORIDA	
	·····	,	·			

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	December 31 2018
	2-7
(Signature of a member or authorized representative of a member
	Andrew K. Molosky, President & CEO
	Typed or printed rume of signee

Page 3 of 3

Filing Fee: \$25.00

(((HI 8000357719 3)))