Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONCENTRIC HOMECARE LLC

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DEFINITION OF THE STATE OF

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COVER LETTER

H21000320591

	gistration Sec ision of Corp			
SHOULCT.	Concentric 1	lomecare LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Robert Greg Young		
			Name of Person	
		Concierge Florida Acquisi	tions 3, LLC	
			Firm/Company	
		4655 Salisbury Road, Stc.	110	
			Address	
		Jacksonville, Florida 3225	6	
			City/State and Zip Code	
		GYoung@conciergehomeco		
For further in	formation co	E-mail address: (neerning this matter, please of	to be used for future annual report notification)	
		icerning this matter, please co	411:	
Robert Greg			904 733-1003 ext. 9993 at ()	
	Name of	Person	Area Code Daytime Telephon	e Number
Enclosed is a	check for the	following amount:		
≡ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Address; pistration Se ision of Co . Box 6327 ahassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000320591

Concentric Homecare LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L07000094669	;	and ass	signed		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" o	the abbrevia	tion "L	L.C."
Enter new principal offices address, if applic	able:	4655 Salisbury Road, Ste. 110			
(Principal office address MUST BE A STREE		Jacksonville, Florida 32256			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a		e name of t	he nev	v registere
Name of New Registered Agent:	Robert Greg Ye	oung	<u>*is</u> > ; ∞	2#2	
New Registered Office Address:	4655 Salisbury		<u> </u>	1 ALIC	
	Jacksonville	Enter Florida street address, Florida	<u>ြို့ ၂</u> da <u>32256</u>	626	
New Registered Agent's Signature, if changing i	Registered Agent:	City	Z4	, © ∰. ⊙	GD ²
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and a provided for in Chapter 605, F.S	am famili . Or, if thi	ar wit s docu	h and ment is

/s/ Robert Greg Young
If Changing Registered Agent, Signature of New Registered Agent

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

H21000320591

<u>Title</u>	Name	Address	Type of Action
AMBR	Concierge Florida Acquisitions 3, LLC	4655 Salisbury Rd., Ste. 110	
		Jacksonville, Florida 32256	□Remove
			□Change
MGR	Toni Sexton	13923 ICOT Blvd, Ste. 815	
		Clearwater, Florida 33760	=Remove
			□Add
			□Remove
			□Change
		 -	□Add
			Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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iscried in this block does not	applicable sta	late of filing or e statutory fi	ing or more the	ore than 90 days g requirement	(optional) days after filing. nents, this date	o nal) filing.) Pursua s date will no	o nal) • filing.) Pursuant to 60 s date will not be li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	cord specifies a delayed effective d	iate, but not an effective time.	, at 12:01 a.m. on the	e earlier of: (b) The	90th day afte	r the
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