

Lot 000104703
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.

((H160000104703)))



H160000104703ABCT

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

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

FILED
16 JAN 13 2016
RECEIVED
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10:15 AM
15

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFINITY HOME CARE OF BROWARD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2016 JAN 13 PM 12:22
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 14 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

1/13/2016 12:19:03 PM From: To: 8506176383 (2/5)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Infinity Home Care of Broward, 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:

Celeste Peiffer

Name of Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, Louisiana 70816

City/State and Zip Code

celestipeiffer@amedisys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste Peiffer 225 299-3366
Name of Person at () 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

16 JAN 13 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Infinity Home Care of Broward, 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 November 26, 2007 and assigned Florida document number L07000117645.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: <i>(Principal office address MUST BE A STREET ADDRESS)</i>	5959 S. Sherwood Forest Blvd. Baton Rouge, Louisiana 70816	15
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE BOX)</i>	5959 S. Sherwood Forest Blvd. Baton Rouge, Louisiana 70816	15

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:	CT Corporation System
New Registered Office Address:	1200 South Pine Island Road Enter Florida street address
Plantation	Florida 33324 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 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.

Allen P. D.
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Infinity Home Care, L.L.C.	5959 S. Sherwood Forest Blvd. Baton Rouge, Louisiana 70816	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16
JAN
13
10
15
FILED

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

Article V of the Amended and Restated Articles of Organization of Infinity Home Care of Broward, LLC.

dated March 14, 2008, as amended by the Articles of Amendment thereto dated August 12, 2010, is deleted in its entirety and replaced with:

"ARTICLE V

MANAGEMENT

The limited liability company is a member-managed limited liability company."

16
SEARCHED
INDEXED
FILED
SERIALIZED
JAN 13 2016
FLORIDA
DEPARTMENT OF STATE
RECEIVED
15

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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 January 7, 2016

Signature of a member or authorized representative of a member

Paul B. Kusserow, President & Authorized Representative of the Member - Infinity Health Care, L.L.C.

Typed or printed name of signor