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(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peoples Home Health, 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:

Ron Fried

Name of Person

Peoples Home Health, LLC

Firm/Company

213 East Wright Street

Address

Pensacola, FL 32501

City/State and Zip Code

ron.fried@choossecovenant.org

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

For further information concerning this matter, please call:

Ron Fried

850

470-9288

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Peoples Home Health, 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 4/1/2008 and assigned
Florida document number L08000032972.

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:

(Principal office address MUST BE A STREET ADDRESS)

5041 North 12th Avenue

Pensacola, FL 32504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5041 North 12th Avenue

Pensacola, FL 32504

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:

Jeff Mislevy

New Registered Office Address:

5041 North 12th Avenue

Enter Florida street address

Pensacola

City

Florida 32504

Zip Code

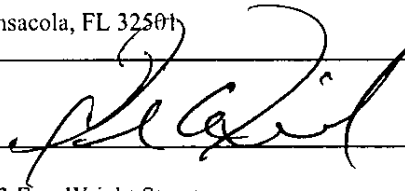
New Registered Agent's Signature, if changing Registered Agent:

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.


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>
P	Jeffery Michael Mislevy	213 East Wright Street	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Ronald Allen Fried	213 East Wright Street	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TR	Odin Berg	213 East Wright Street	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	Odin Berg	213 East Wright Street	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Timothy Buttell & Phillip C. Stone	213 East Wright Street	<input type="checkbox"/> Add
		Pensacola, FL 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VPs	Timothy Buttell & Phillip C. Stone	213 East Wright Street	<input type="checkbox"/> Add
		Pensacola, FL 32501	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>
MGR	Covenant Home Health Holding L1	5041 North 12th Avenue	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Edward P. Stone		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Timothy A. Buttel		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Phillip C. Stone		<input type="checkbox"/> Add
			<input checked="" 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

10/11/20 PM 3:36
SILVER STAR
MILWAUKEE

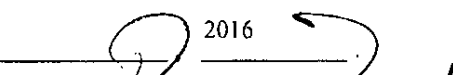
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STATION
TALLAHASSEE

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 5/18 2016


Signature of a member or authorized representative of a member

RONALD A. FARIES
Typed or printed name of signee