

LOG000004306LC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

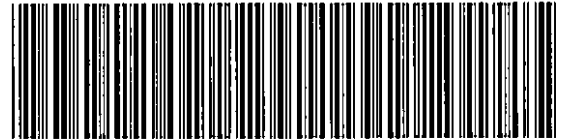
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000321714980

FILED

2018 DEC -5 AM 9:19

STATE OF FLORIDA
TALLAHASSEE, FL

2018 DEC -5 AM 4:29

STATE OF FLORIDA
TALLAHASSEE, FL

DEC 6 2018
S. PRATHER



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/05/2018

Name: Michael Peterson

Reference #: 1019112

Entity Name: OMNI HOME HEALTH - JACKSONVILLE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: [Signature]

© CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

© EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #016712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

© ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

FILED
2018 DEC -5 AM 9:19
U.S. DISTRICT COURT
TALLAHASSEE FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	LHC Group, Inc.	901 Hugh Wallis Road South Lafayette, LA 70508	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Manager	National Health Industries, Inc.	9510 Ormsby Station Road, Suite 300 Louisville, KY 40223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Director, CEO	William B Yarmuth	9510 Ormsby Station road, Suite 300 Louisville, KY 40223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
VP Secretary	Todd P Lyles	9510 Ormsby Station road, Suite 300 Louisville, KY 40223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
VP	Jeff Reibel	9510 Ormsby Station road, Suite 300 Louisville, KY 40223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Director	Steven C Guenther	9510 Ormsby Station road, Suite 300 Louisville, KY 40223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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

Remove: President, Treasurer - Steven C. Guenther 9510 Ormsby Station Road, Suite 300 Louisville, KY 40223

Remove: VP COO - Daniel Schwartz 9510 Ormsby Station Road Suite 300 Louisville, KY 40223.

Remove: VP - Catherine Pedigo 9510 Ormsby Station Road Suite 300 Louisville, KY 40223

E. Effective date, if other than the date of filing: _____ (optional)

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

December 4, 2018

Signature of a member or authorized representative of a member

Donald Ste. Lili

Typed or printed name of signer

STUDENT OF THE
TALLAHASSEE, FL

2018 DEC -5 AM 9:19