L08000059202

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

From:
Account Name : SIDNEY Z. BRODIE, ESQ.
Account Number : I19990000106
Phone : (305)477-1155
Fax Number : (305)477-3860

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AT HOME CARE NURSING, LLC

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T. HAMPTON
JUN 26 2008
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2008

AT HOME CARE NURSING, LLC
6902 SW 83RD PLACE
MIAMI, FL 33143

SUBJECT: AT HOME CARE NURSING, LLC
REF: L08000059202

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000157586
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P.O BOX 6327 – Tallahassee, Florida 32314

GATEWAY TITLE COMPANY
7270 NW 12TH STREET, PH-I
MIAMI, FLORIDA 33126
(305) 477-1155
(305) 477-3860 FAX
OLGA@GATEWAYTITLEMIAMI.COM

FACSIMILE TRANSMITTAL SHEET

TO: Fl. Dept of State	FROM: OLGA MOLINA
COMPANY:	DATE: 6-25-08
FAX NUMBER: 850-617-6383	TOTAL NO. OF PAGES INCLUDING COVER: 7
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:. AT Home Care Nursing	YOUR REFERENCE NUMBER:

___ URGENT ___ FOR YOUR REVIEW ____ PLEASE COMMENT ____ PLEASE REPLY

____	CLOSING STATEMENT	____	CONTRACT
____	TITLE COMMITMENT	____	PROTECTION LETTER
____	SURVEY	____	ELEVATION CERTIFICATE
____	SELLER'S DOCS	____	WIRE INSTRUCTIONS
____	FEE SHEET	____	INSURANCE
____	ESCROW LETTER	____	E & O
X	Correct cover Page	____	____

Sincerely,

Olga Molina
Real Estate Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AT HOME CARE NURSING, 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:

OLGA MOLINA
(Name of Person)

SIDNEY Z. BRODIE
(Firm/Company)

7270 NW 12th Street, Ph-1
(Address)

Miami, Florida 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA MOLINA at (305) 477-1155
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AT HOME CARE NURSING, 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 June 16, 2008 and assigned Florida document number L08000059202.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: N/A

The new name must be distinguishable and end with 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)
1150 NW 72 Avenue Suite 460.
Miami, Florida 33126

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
1150 NW 72 Avenue Suite 460
Miami, Flroida 33126

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: N/A

New Registered Office Address: _____
(Enter Florida street address)

_____, Florida _____
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Lizabet Azzoretto	1150 NW 72 Avenue Suite 460 Miami, Florida 33126	☒ Add ☐ Remove
MGRM	Sidney Z. Brodie	1150 NW 72 Avenue Suite 460 Miami, Florida 33126	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 23rd, 2008

Signature of a member or authorized representative of a member

SIDNEY Z. BRODIE, MANAGING MEMBER

Typed or printed name of signee

Filing Fee: $25.00

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