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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG 3 1 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
.ciir ii	ECT:	AT HOME CA	ARE NURSING, LLO	C .			
-SUDJI			ited Liability Company				
•							
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
		<u>. L</u>	IZABET AZZARETTO Name of Person				
			Name of Person				
		AT HO	ME CARE NURSING,	LLC.			
			Firm/Company				
			Address				
			MIAMI, FL 33155				
			City/State and Zip Code				
	athomecarenursing@att.net E-mail address: (to be used for future annual report notification)						
For fur	ther information	concerning this matter, please of	•	t nouncation)			
	LI Z AB	ET AZZARETTO	at (305)	667-0	203		
Name of Person				Daytime Teleph			
Puoloo	ad is a shook for	the following emount:		5			
		the following amount:	\$55.00 Filing Fee &		\$60.00 Filing Fee,		
. \$23	5.00 Filing Fee		Certified Copy (additional copy is en	L	Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ling ive Center Cir				

4,,

AT HOME CARE NURSING, LLC.

7438 SW 48 STREET, SUITE B MIAMI, FL 33155 305-667-0203 TEL. 305-667-0202 FAX.

MEMO

DATE:

8/26/09

TO:

FL DEPT OF STATE DIVISION

FROM:

LIZABET AZZARETTO

RE:

AMMENDMENT

TO WHOM IT MAY CONCERN:

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT ME AT: 786-709-3593.

BEST REGARDS,

LIZ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AT H	OME CARE	NURSING, L	LC.	· .	
. (Name of the Limited	Florida Limited	<u>ny as it now appeai</u> Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L	were filed on	6/16/2008	and assigned		
Florida document number L0800005	9202				0 c -
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :		
	N/A	\			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "LL	C" or the ab	breviation
Enter new principal offices address, if applic	7438 SW 48	STREET, SUITE B		0	
(Principal office address MUST BE A STREE	MIAMI, FL 33155			SE	
					SE
•				28	TATE ONE
Enter new mailing address, if applicable:		₽	유유 유유		
(Mailing address MAY BE A POST OFFICE			9	STI	
				37	
B. If amending the registered agent and/or the new registered of	or registered of fice address her	fice address on o <u>e</u> :	ur records, <u>enter th</u>	e name of	the new
Name of New Registered Agent:	PABLO GO	NZALEZ			
New Registered Office Address:	29 AVENUE				
	Enter Florida street address				
		MIAMI	, Florida	33175	
		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 <u>Title</u> <u>Name</u> Address **Type of Action MGRM** BRODIE, SIDNEY Z 1150 NW 72 AVENUE, SUITE 460 ☐ Add MIAMI, FL 33126 ✓ Remove ☐ Add Remove 🔲 Add Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 26 2009 Dated_ Signature of a member or authorized representative of a member LIZABET AZZARETTO

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00