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Division of Corporations

P. 001

Page 1 of 1

**L08000073164**

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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**C. LEWIS**

**JUL 30 2009**

**EXAMINER**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, 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 07/30/2008 and assigned  
Florida document number L08000073164

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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:

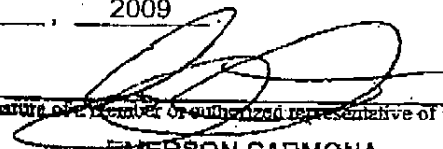
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                                      | <u>Type of Action</u>                                                      |
|--------------|------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | JOSHUA A. RUSKIN | 7025 BERACASA WAY, SUITE 104<br>BOCA RATON FL 33433 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Dated JULY 29, 2009

  
Signature of a member or authorized representative of a member

EMERSON CARMONA

Typed or printed name of signee

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