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09 APR 22 PM 1: 02
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Franck's Homecare, LLC (new name Excel Infusion Center, 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:

Jorna Smith

Jerry Office	
	(Name of Person)
Franck's Compounding Lab	
	(Firm/Company)
1210 SW 33rd Avenue	
	(Address)
Ocala, Florida 34474	
(City	/State and Zip Code)
For further information concerning this matter, please call:	70 - 30 - 14 25 25 25 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Jerry Smith	at (352) 622-2913 x 208
(Name of Person)	(Area Code & Daytime Telephone Number)

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL·32314. STREET/COURIER ADDRESS:

☑\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 APR 22 PM 1:02
SECRETARY OF STATE

Franck's Homecare, 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 <u>07/31/2008</u>	and assigned
Florida document number L08000073882		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Excel Infusion Center, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2405 SE 17th Street (suite 502)	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, Florida 34471	
	<u> </u>	
Enter new mailing address, if applicable:	1210 SW 33rd Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Florida 34474	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street a	ddress)
	, 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 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 **Type of Action Address** <u>Title</u> <u>Name</u> Joe Sorrentino MGR 2405 SE 17th Street (Suite 502) _ Add Ocala Florida, 34471 Remove ☐ Remove Remove ☐ Add _ Add _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Also note EIN 26-3068712 Dated ___ or authorized representative of a member Paul W. Franck

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00