

L08000114364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

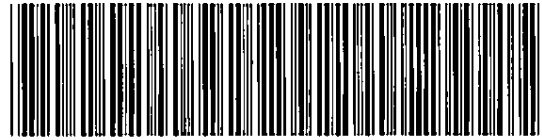
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500357071035

FILED
2021 JAN -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL 32399
6-10
2021 JAN -6 PM 12:34
FILED



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

Account#: 120000000088

Date: 01/06/2021

Name: Merritt Walker

Reference #: 1311833

Entity Name: QUALITY CARE HOME HEALTH, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quality Care Home Health, 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:

Stephanie Michaels

Name of Person

Vedder Price P.C.

Firm/Company

222 N. LaSalle St., Suite 2400

Address

Chicago, IL 60601

City/State and Zip Code

mnemeroff@vedderprice.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Michaels

312 609-7523

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Quality Care Home Health, 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 12/15/2008 and assigned
Florida document number 1.08000114364.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5460 63RD STREET EAST

(Principal office address MUST BE A STREET ADDRESS)

BRADENTON, FL 34203

Enter new mailing address, if applicable:

5460 63RD STREET EAST

(Mailing address MAY BE A POST OFFICE BOX)

BRADENTON, FL 34203

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 605, 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 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>
P	NORMA BIMBO	5460 63RD STREET EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	LISA POTTER	5460 63RD STREET EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
C, S	JUDY BISHOP	5460 63RD STREET EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP, AS	GREGORY K. JONES	5460 63RD STREET EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP, AS	SCOTT BROWN	5460 63RD STREET EAST	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. 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 January 4, 2021



Signature of a member or authorized representative of a member

SCOTT BROWN, VICE PRESIDENT AND ASSISTANT SECRETARY

Typed or printed name of signee

Filing Fee: \$25.00