

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000220403 3)))



H090002204033ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone: (305)552-5973

Phone : (305)552-5973 Fax Number : (305)220-1440

RECEIVED

99 DCT 14 PH 2: 4

SECHEMRY FINENTIAL STATE

AMND/RESTATE/CORRECT OR M/MG RESIGN

ST. MERCY HOME HEALTH AGENCY LLC

Certificate of Status 0
Certified Copy 0
Page Count 03
Estimated Charge \$25.00

T. CLINE

OCT 15 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. :3052201440

H 0 9 0 0 0 2 2 0 4 0 3. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Mercy (Name of the Limited Liab	lity Company as it now appears on o	Agency LLC	
The Articles of Organization for this Limited Liability Florida document number 490000		and assigned	
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," th	e designation "LICC or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)	E H	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office s		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter F	lopida street address)	
		. Florida	
	(Ciry)	(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)

Page 1 of 2

MGR = Manager

H09000220403

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:

MGRM = Managing Member Title Name <u>Address</u> **Type of Action** Remove ☐ Add Remove Remove ☐ Add Remove 例』,Add___ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ENISVEL GONZACEZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00