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J. BRYAN

JUN 16 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: MURRY'S HOME HEALTH AGENCY, LLC
Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:				
DIANA MU MURRY S HO	Name of Person  OME HEALTH AGENCY, LLC STEE  Firm/Company				
1621 DAVI	E BLVD. Address				
FT. LAUDE	City/State and Zip Code				
E-mail address:	(to be used for future annual report notification)				
For further information concerning this matter, please	call:				
DIANA MURRY Name of Person	at 954 548 - 1738  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MURRY'S HOME HEALTH AGENCY 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>MARCH 9, 2009</u> and assigned Florida document number <u>L09000022550</u>.

This amendment is submitted to amend the following:

ility company here:
ited Liability Company," the designation "LLC" or the abbreviation
St
ffice address on our records, enter the name of the new
<b>e:</b>
g:
g:
Enter Florida street address
<b>.</b>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
····			Add Remove
			Add Remove
			Add Remove
			Add Remove
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	/		AddRemove
D. If am	ending any other information, er	ter change(s) here: (Attach additional sheet.	3
			09 JUN 15 SECRETARY CLAHASSEE
			PH 3: 2
Dated	JUNE 12 Dran My	<u>, 2009</u> .	5
	Signature of Signature of Siana MURR	f a member or authorized representative of a men  Typed or printed name of signee	nber

Page 2 of 2

Filing Fee: \$25.00