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B. KOHR JUL 1 7 2009 EXAMINER



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CORPORATE FILING SERVICE

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e e e e e e e e e e e e e e e e e e e	Office Use Only
CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):
1. MOUNT SINAI (Corporation Name)	HOME HEALTH
2. AGENCY, LL((Corporation Name)	(Document #)
(ourpointing)	(Doddien 1)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
7/ (/	
Waik iii — Tick up time —	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUNT SINAI 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 Lia	hility Compony wars filed on	04/21/2009	, y a Q aasiamad
		0 4 12112005	and assigned
Florida document number L090000386	00/ .	,	
			製コ后
This amendment is submitted to amend the follow	ving:		SEC PO
A If amonding name outpuths now name of t	ha limitad liabilita.		T. (2)
A. If amending name, enter the new name of t	ne limited hability company nere:		95
			<u> </u>
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	" the designation "I	LC" or the abbreviation
E.E.C.			lasi.
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
,		•	
Enter new mailing address, if applicable:			
• • •			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, <u>enter (</u>	the name of the new
registered agent and/or the new registered offi	ce address here.		
	MANUALI IANIO AL ONICO		
Name of New Registered Agent:	MAXIMILIANO ALONSO		
New Registered Office Address:	2001 NW 7 Street Ste 102		
	Enter Florida street address		
	Miami	, Florida	33125
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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>	Address	Type of Action
MGRM	ELIZABETH TOIRAC	2025 Brickell Ave Unit 1205 Miami, Fl. 33129	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessor	ary.)
_			
			<u></u>
Dated	July 15	2009 .	
	Signature of a me	mber or authorized representative of a member	
	T	Maximiliano Alonso yped or printed name of signee	
	•		

Page 2 of 2

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