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.

(((H09000126945 3)))



H090001269453ABC3

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

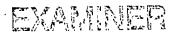
AUTHENTIC HOME HEALTHCARE, LLC

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

Electronic Filing Menu

Corporate Filing Maria THOMAGEIP

MAY 2 2 2009



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Authentic Ho	ome Healthcare, L	LC			
(Name of the Limited Liability ((A Florida Li	mited Liability Company)	PH DE DAY PROTUS.)			
The Articles of Organization for this Limited Liability Conforda document numberL09000041624	mpany were filed on	4/29/09	and as	signed	
This amendment is submitted to amend the following:					
A. If smending name, enter the new name of the limit	ed liability company her	3 :			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	my," the designation "I	LC" or the	abbrevia	ation
Enter new principal offices address, if applicable:			=		
(Principal office address MUST BE A STREET ADDRE	<u> </u>		L K	2003	_
			1.2 A	ĘK.	_ *
•			SS	72	us or
Enter new mailing address, if applicable:			二八五		k
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		ا المارية		_[*]
		· · · · · · · · · · · · · · · · · · ·	18 F	င္ပ်ာ	lab c u
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on c <u>ss here</u> :	our records, <u>enter i</u>	the name	Of the	Лету
Name of New Registered Agent:					_
New Registered Office Address:	En	tionide stant add			- -
	Enter Florida street address				
	City	, Florida	Zip Coa	ie –	_
New Registered Agent's Signature, if changing Reputered	Agent:		- 4		

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 Rogistered 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

Title	Name	Address	Type of Action
MGR	Steve Moscovitch	3420 W Hallandale Beach Blvd Pambroke Park, Fl. 33023	Add 7 Remove
MGR	Brian Kantor	1001 N Federal Hwy Hallandale, Fl. 33009	Add Remove
			Add Remove
			Add
			Add CREMOVED OF THE
D. If amendi	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	S FAdd
			52
Dated	05/21/2009		
-		Brian Kantor yped or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00