

L09000042937

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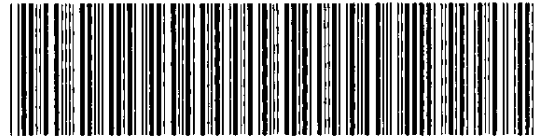
(Business Entity Name)

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09 MAY 18 PM 4:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 MAY 18 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 18 2009

EXAMINER

Greenberg Traurig

A. June Vickers
Tel. 850.222.6891
Fax 850.681.0207
VickersA@gtlaw.com

May 18, 2009

VIA HAND DELIVERY

Division of Corporation
Office of the Florida Secretary of State
Department of State
Clifton Building, Koger Executive Center
Tallahassee, Florida

Attention: Buck Kohr, LLC Section

Re: *Amendment to Articles of Organization for 1st Choice Home Health Care, LLC*

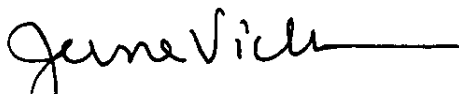
Dear Buck:

In accordance with our telephone conference earlier today, enclosed please find an Amendment to the Articles of Organization for 1st Choice Home Health Care, LLC, Document No. L09000042937, for filing. Also enclosed is this firm's check in the amount of \$60.00 as payment of the filing fee, a certified copy of the filing, and a Certificate of Status.

If possible, I will need to get these back today. Please let me know if you can't do it.

Thank you as always, Buck, for all your kind assistance.

Sincerely,



A. June Vickers, FRP
Paralegal

/ajv

Enclosures: as stated

TAL 451,517,471v1 5-18-09

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TALLAHASSEE, FLORIDA

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

1st CHOICE HOME HEALTH CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 4, 2009 and assigned
Florida document number L09000042937.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NRAI Services, Inc.

New Registered Office Address:

2731 Executive Park Drive, Suite 4

Enter Florida street address

Weston

City

Florida

33331

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.

/s/ Jennifer Malick for NRAI Services, Inc.

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	6404 N.W. 5th Way Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Monica M. Buddemeyer	11 Templewood Court Marco Island, FL 34145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 18, 2009

/s/ Lawrence I. Sosnow
 Signature of a member or authorized representative of a member
Lawrence I. Sosnow
 Typed or printed name of signee