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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 15 2012  
EXAMINER

12

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONTINUECARE HOME HEALTH, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**IGOR NUÑEZ**

Name of Person

**CONTINUECARE HOME HEALTH, LLC**

Firm/Company

**2257 VISTA PARKWAY SUITE # 19**

Address

**WEST PALM BEACH, FL 33411**

City/State and Zip Code

**continuecarehomehealth@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**IGOR NUÑEZ**

Name of Person

at ( 786 )

**325-6219**

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CONTINUECARE HOME HEALTH, LLC

Page 1 of 2

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	

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

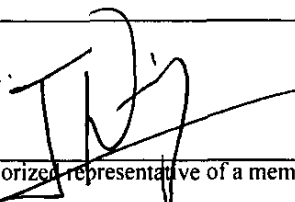
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Dated MAY 8, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 IGOR NUNEZ  
 \_\_\_\_\_  
 Typed or printed name of signee