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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE FALL AHASSEE FLORIDA

T CLINE
MRY 15 1312
EMANNINER

TO: Registration Division of C	Section Corporations	·		`
SUBJECT:		E HOME HEALTH,	, LLC	
•	Name of Limi	ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		IGOR NUÑEZ		
,		Name of Person		
	CONTINU	ECARE HOME HEAL	TH. LLC	
		Firm/Company		
	2257 VI	STA PARKWAY SUIT	E # 19	
		Address		
	WEST	PALM BEACH, FL 3	3411	
		City/State and Zip Code		As B
	continued	carehomehealth@yahoto be used for future annual repo	oo.com	ECT 75
		·	ort notification)	
For further information	n concerning this matter, please of	call:		SSE I
1	GOR NUÑEZ	at (_786)	325-6219	E OF
Name	e of Person	Area Code &	Daytime Telephone Number	SECRETARY OF STATE ALLAHASSEE, FLORIO
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	e of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTINUECARE HOME HEALTH, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	07/28/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	· e:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compa	my," the designation "L	LC" or the abbreviat	- ion
Enter new principal offices address, if applicable:	2257 VISTA	PARKWAY SUITE	# 19	_
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM	BEACH, FL 3341	1	-
Enter new mailing address, if applicable:	2257 VISTA I	PARKWAY SUITE	SE GA	-
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM	BEACH, FL 3341	AHASSI	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on o	our records, <u>enter t</u>		ĕW
Name of New Registered Agent:				_
New Registered Office Address:	En	ter Florida street add	ress	-
		, Florida		-
n.	City		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.

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	.		Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add TRemove
· · · · · ·			Add V
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	AM TO DE
			
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Dated		or or authorized representative of a member	
	-	ICOR NUÑEZ d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00