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SECRELANY OF STATE TALLAHASSEE, FLORIDA

M. Chingson JUL 11.5000

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Visiting Care Management 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:
Dana Venditti Name of Person
Visiting Care Management
2415 S. Babcock St. Ste E
Melbourne, FL 32901 City/State and Zip Code
City/State and Zip Code dona Ovi Sittinghome care. Org E-mail address; (so be used for future annual report notification)
For further information concerning this matter, please call:
Dana Venditti at (32) 574-1622 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additi

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

FILED

2013 JUL 10 PM 2: 39

Visiting Care M	anagement L	_C SE	CRETARY OF STATE. LLAHASSEE, FLORIDA
(Name of the Limited I		ow appears on our ompany)	records.)
The Articles of Organization for this Limited Lia Florida document number <u>LO9000</u>	_	ed on <u>12 - 21 -</u>	and assigned
This amendment is submitted to amend the follow	wing:		·
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(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 off		ress on our reco	rds, enter the name of the new
Name of New Registered Agent:	Dana Vend	tti	
New Registered Office Address:	2415 S. B		. Ste E da street address
	Melbourne City		Florida 3290/ Zip Code
New Registered Agent's Signature, if changing R	egistered 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> Name **Address Type of Action** 2415 S. Babcock St. SteE Add Robert Weber MGR_ Melbourne, FL 32901 Remove Remove

nding any other information	on, enter change(s) here: (Attach additional sheets, if necessar
<u> </u>	
6-28	
\sim	
Dana	Venditti
Signa	ature of a member or authorized representative of a member
Dona	Venditti
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00