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(Address)

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(Business Entity Name)

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14 JUL - 1 PM 11:37  
TALLAHASSEE, FLORIDA

J. Shivers JUL 02 2014

AP Home Health Care, LLC  
P.O Box 15124  
West Palm Beach, FL 33416  
Phone: (561) 688-8599  
Fax: (561) 420-0124



06/16/2014

To Whom It May Concern:

Effective, 6/16/2014, the ownership of AP Home Health Care, LLC has changed from 100 percent ownership by Ron Carryl to the following:

Ron Carryl	- 50 Percent
Manzoor Khan	- 25 percent
Ahtisham Khan	- 25 Percent

Sincerely,

A handwritten signature in black ink, appearing to read "Ron O. Carryl", written in a cursive style.

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Ron O. Carryl, Director/ CEO

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **AP Home Health Care, 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:

**Manzoor A. Khan**

Name of Person

**AP Home Health Care, LLC**

Firm/Company

**P.O. Box 15124**

Address

**West Palm Beach, FL 33416**

City/State and Zip Code

**admin@aphomehealth.com**

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

For further information concerning this matter, please call:

**Manzoor A. Khan**

Name of Person

at ( **561** ) **688-8599**

Area Code

Daytime Telephone Number

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

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

AP Home Health Care, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 4th, 2010 and assigned  
Florida document number L10000000625.

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)**

P.O. Box 15124

West Palm Beach

FL 33416

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Manzoor A. Khan	P.O. Box 15124	<input checked="" type="checkbox"/> Add
		West Palm Beach	<input type="checkbox"/> Remove
		FL 33416	
MGRM	Ahtisham Khan	P.O. Box 15124	<input checked="" type="checkbox"/> Add
		West Palm Beach	<input type="checkbox"/> Remove
		FL 33416	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)*

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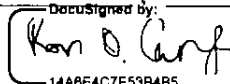
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 16 2014

DocuSigned by:  


14A8E4C7E53B4B5

Signature of a member or authorized representative of a member

Ron O. Carryl

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 JUN -1 PM 1:37  
TALLAHASSEE, FLORIDA