

Li 0 000000625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

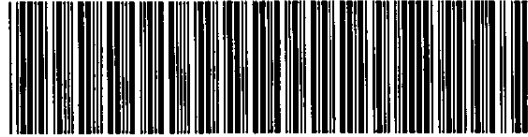
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267702408

01/02/15--01017--018 **30.00

FILED
15 JAN -2 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AP Home Health Care, LLC

P.O. Box 15124

West Palm Beach, FL 33416

Phone: (561) 688-8599

Fax: (561) 420-0124

www.APHomehealth.com



Always Patient Always Professional
Always Providing Care

December 26th, 2014

To Whom It May Concern:

Effective 12/26/2014, the ownership of AP Home Health Care, LLC has changed from 50 percent ownership by Ron O. Carryl, 25 percent ownership by Manzoor Khan and 25 percent ownership by Ahtisham Khan to the following:

Manzoor Khan 50 percent

Ahtisham Khan 50 percent

Ron Carryl 0 percent

Sincerely,

Manzoor A. Khan, Director/CEO

Ron O. Carryl, Former Owner/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

561 688-8599
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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)

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:

Manzoor A. Khan

New Registered Office Address:

1035 S. State Road 7, Suite 315-18

Enter Florida street address

Wellington

City

Florida

33414

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	Ron O. Carryl	1035 S. State Road 7, Suite 315-18	<input type="checkbox"/> Add
		Wellington, FL 33414	<input checked="" type="checkbox"/> Remove
AMBR	Ron O. Carryl	1035 S. State Road 7, Suite 315-18	<input type="checkbox"/> Add
		Wellington, FL 33414	<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

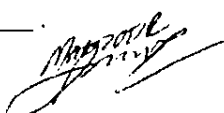
15 JAN - 2 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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 December 26th, 2014



Signature of a member or authorized representative of a member

Manzoor A. Khan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN -2 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA