

L10000002265

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV 21 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORACLE 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:

Susan Nieves

Name of Person

Oracle Home Health Care, LLC

Firm/Company

2806 James L. Redman Parkway, Suite 203

Address

Plant City, Florida 33566

City/State and Zip Code

snieves@oraclehhc.com

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

For further information concerning this matter, please call:

Susan Nieves

813

747-7499

at ( )

Name of Person

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**

Oracle Home Health Care, LLC

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

**FILED**  
2016 NOV 17 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 7, 2016 and assigned  
Florida document number L10000002265.

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 contain 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)**

2806 James L. Redman Parkway

Suite 203

Plant City, Florida 33566

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2806 James L. Redman Parkway

Suite 203

Plant City, FL 33566

**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*

Florida

*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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Lori Franks	1602 W. Timberlane Drive	<input type="checkbox"/> Add
		Plant City, FL 33566	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Susan Nieves	2806 Jim Redman Parkway	<input checked="" type="checkbox"/> Add
		Plant City, FL 33566	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2016 NOV 17 PM 12:19  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

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2019 NOV 17 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/01/2016

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 15 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Susan J. Nieves  
\_\_\_\_\_  
Typed or printed name of signee