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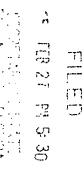
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MAR 12 2015

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: International Home Protection Plans, 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:
Jillian Jarboe Name of Person
International Home Protection Plans, LIC Firm/Company
7551 Wiles Rd., Ste: 103
Coral Springs, P. 33076 City/State and Zip Code
Silliankessler@ ADI. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tillian Tarkoe at (954) 600-3084 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

TO:

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

International Home Protection (Name of the Limited Liability Company) (A Florida Limited	HON Plans, LC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1000012845	were filed on 02/03/20/0 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Senior Heath Network, LLC The new name must be distinguishable and end with the words "Limited Lial	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7551 Wiles Rd. Ste: 103
(Principal office address MUST BE A STREET ADDRESS)	7551 Wiles Rd. Ste: 103 Coral Springs, FL. 33067
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1551 Wiles Rd., Ste. 103 = TI Coral Springs, Fl. 330675 =
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

$MGR = M_3$ $AMBR = A_1$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more date this document is filed by the Florida Department of State)	(optional) than 90 days after
ed February 24, 2015.	
, , ,	
Signature of a member or authorized representative of a me	

Page 3 of 3

Filing Fee: \$25.00