

L10000 24747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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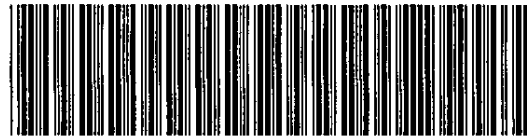
(Business Entity Name)

(Document Number)

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2013 JAN 28 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVINGWELL HOME HEALTHCARE AGENCY, 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:

Zona McPherson Vincent

Name of Person

Livingwell Home Healthcare Agency, LLC.

Firm/Company

1560 Sawgrass Corporate Parkway

Address

Plantation, FL 33323

City/State and Zip Code

info@livingwellhomehealth.com

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

For further information concerning this matter, please call:

Zona McPherson Vincent at (954) 290-7515

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

FILED

2013 JAN 28 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Livingwell Home Healthcare Agency, 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 02/25/2011 and assigned
Florida document number L11000024747.

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)

1560 Sawgrass Corporate Parkway

Fourth Floor

Plantation, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1560 Sawgrass Corporate Parkway

Fourth Floor

Plantation, FL 33023

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:

Claudia Whitman

New Registered Office Address:

10151 Deerwood Park Blvd Bldg. 200 Ste. 250

Enter Florida street address

Jacksonville

City

, Florida 32256

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP, MGRM	Douglas, Vonnelle	16323 NW 19th Street	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
VP, MGRM	Douglas, Derrick	16323 NW 19th Street	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

New Address:

1560 Sawgrass Corporate Parkway

Plantation, FL 33023

New Email:

info@livingwellhomehealth.com

Dated January 25, 2013

Zona McPherson-Vincent

Signature of a member or authorized representative of a member

Zona McPherson Vincent, President

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 JAN 28 PM 4:04

STATE OF FLORIDA
TALLAHASSEE, FLORIDA