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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

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EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA SENIOR 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:

**GRANT PHILLIPS, Esq.**

Name of Person

**PHILLIPS LAW GROUP, P.A.**

Firm/Company

**16375 NE 18TH AVENUE, SUITE 304**

Address

**NORTH MIAMI BEACH, FLORIDA 33162**

City/State and Zip Code

**GRANT@PHILLIPSLAWYERSGROUP.COM**

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

For further information concerning this matter, please call:

**GRANT PHILLIPS, Esq.**

Name of Person

at ( **305** )

**766- 5774**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# PHILLIPS LAW GROUP, P.A.

ATTORNEYS AT LAW  
Baylee Executive Center  
16375 NE 18<sup>th</sup> Avenue, Suite 304  
North Miami Beach, FL 33162  
TELEPHONE: (305) 684-3328  
FAX: (866) 464-2828  
EMAIL: case@phillipslawyersgroup.com

Grant Phillips, Esq.\*

\* Licensed FL, NY & NJ

Of Counsel

Yehuda Bruck, Esq. (FL)

Paul Klemow, Esq. (FL)

November 27, 2011

## To whom this may concern / AMENDMENT SECTION - Florida Division of Corporations:

Attached please find a completed ARTICLES OF AMENDMENT TO THE ARTICLES OF ORGANIZATION for the Limited Liability Corporation FLORIDA SENIOR HOME HEALTH CARE, LLC, which I, Grant Phillips, Esq. Incorporator, Registered Agent and Attorney for said LLC filed on 04/15/2011 with an effective date of 04/12/2011 a copy of which is enclosed for your convenience.

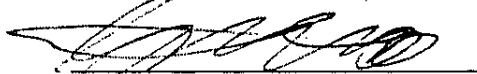
Pursuant to the enclosed Articles of Amendment I respectfully request;

- 1) The removal of the current MGR, Mr. Ian Rowe.
- 2) The adding of three (3) new MGR's and their respective mailing addresses to the LLC; and
- 3) Updating the LLC's principal place of address and mailing address.

You will also find enclosed one check from my law firm, Phillips Law Group, P.A. made payable to the Florida Dept of State totaling \$30.00 per the instructions in the Articles of Amendment. Said \$30.00 shall cover the filing fee as well as the Certificate of Status.

All necessary approvals, permissions and any and all conditions precedent as required under Florida Law and or any other laws to make the above referenced removals, additions and changes have been duly performed. Thus in good faith, I respectfully ask that you process these changes at your soonest convenience on behalf of my client(s) and I thank you for your time and immediate attention to this matter. Wishing you a happy and healthy holiday season.

Sincerely and with thanks,



**GRANT PHILLIPS, ESQ.**

Managing Partner

**FLORIDA BAR #: 861561**

Cellular: 305.766.5774

**PHILLIPS LAW GROUP, P.A.**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA SENIOR 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 04/15/2011 and assigned  
Florida document number L11000045028.

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)**

377 MAITLAND AVENUE  
SUITE 2001  
ALTAMONTE SPRINGS, FL 32701

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

377 MAITLAND AVENUE  
SUITE 2001  
ALTAMONTE SPRINGS, FL 32701

**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 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

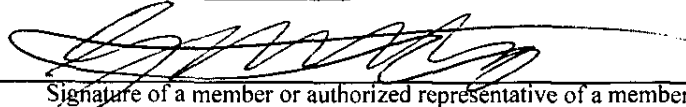
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROWE, IAN	83-26 BREVOORT STREET KEW GARDENS NEW YORK, 11415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DIAMOND, SUSAN	473 WEST END AVENUE NEW YORK, NY 10023	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SCHARF, ALEXANDER	305 WEST END AVENUE NEW YORK, NY 10023	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SCHARF, DAVID	305 WEST END AVENUE NEW YORK, NY 10023	<input checked="" type="checkbox"/> Add <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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated NOVEMBER 28, 2011



Signature of a member or authorized representative of a member

GRANT PHILLIPS, Esq. - (Managing Partner - PHILLIPS LAW GROUP, P.A.)

Typed or printed name of signee