

L11000088052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 AUG 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 19 2011

EXAMINER

5959 South Sherwood Forest Boulevard • Baton Rouge, Louisiana 70816

Phone: 225-292-2031 • Fax: 225-298-6435

amedisys.com

Amedisys Home Health Services

Via FedEx Standard Overnight

August 17, 2011

Florida Department of State
**Attn: Division of Corporations /
Amendment Section**
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization:
Legal Name: *Housecall Supportive Services, L.L.C.*
FL Document #: **L11000088052**

Dear Sir or Madam:

Please find enclosed the application to amend the articles of organization for Housecall Supportive Services, L.L.C, along with Amedisys, Inc. check #498976 in the amount of \$25.00 to cover filing fee.

If further documentation or information is required, please contact me at (225) 292-2031, extension 3908.

Sincerely,



Allison Wadhwani
Paralegal / Legal Department
Amedisys, Inc.

Enclosure(s)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Housecall Supportive Services, L.L.C.
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:

Celeste Peiffer

Name of Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, LA 70816

City/State and Zip Code

entities@amedisys.com

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

For further information concerning this matter, please call:

Allison Wadhwani

Name of Person

at (225)

292-2031

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

2011 AUG 18 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Housecall Supportive Services, L.L.C

(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 08/01/2011 and assigned
Florida document number L11000088052.

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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:

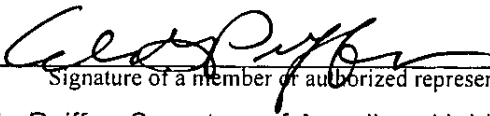
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amedisys Holding, L.L.C	5959 S. Sherwood Forest Blvd.	<input checked="" type="checkbox"/> Add
		Baton Rouge, LA 70816	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
2011 AUG 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8/15, 2011



Signature of a member or authorized representative of a member
Celeste Peiffer, Secretary of Amedisys Holding, L.L.C, sole member

Typed or printed name of signee