## 000108363

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	dusiness Entity Name)
<u>(C</u>	Occument Number)
Certified Copies	Certificates of Status
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DEC 1 1 2017 Y SULKER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

enesis Home Health Care (Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
	<u> </u>
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES)	Dawn Patrice Sossoph Mark 5104 N. Orange Blossom Truilthe Orlando, FL-32810 208
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5104 N. Orange Blosson Trail Orlando, FL. 52810 #20
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> is here:
Name of New Registered Agent:	un Patrice
New Registered Office Address:	Enter Florida Street address Truil # 208
	Flu 1/20 Florida 32810

## 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MG-R	Dawn Patrice Socret	Nark Orlando, FL. 32810	Bocth Linil #508
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<u>e:</u>	the date inserted in	an the date of filing: late must be specific and c this block does not me the Department of Sta	et the applicable s				
		elayed effective da ne record is filed.	ite, but not an	effective time	, at 12	:01 a.m. on t	the earlie
ed	11/29	12017		>9			
		Signature of a m	ember or authorized	representative of a	member	·	
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