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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Genesis Home H	tea Ith Care Sei	-vices of Centro	\ \	Florida
The enclosed Articles of Amendment and fee(s) are subr	nitted for filing.			
Please return all correspondence concerning this matter to	to the following:			
Garvin	Name of Person			
Genesis Home	Health Care Services Firm/Company	of Central Flor	i)	14c
Sloy N. Oran	nge Blossom Trail Address	#208		
	TL, 32810 City/State and Zip Code			
<u>genesish</u> E-mail address: (i	o be used for future annual report notificat	ion)		
For further information concerning this matter, please ca				
Garvin Mark Name of Person	at (321) 262 Area Code Daytime Te	S25 lephone Number		
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\to\$ Sand \$30.00 Filing Fee \$\text{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

18 JAN 17 PA 2 POC

				" / / Pr	.0,5
Genesis Home Heal	d Liability Compa A Florida Limited	Scruces of on on the company of the	(6 N+LM)	7101:00	
The Articles of Organization for this Limited Lia	ability Company	were filed on9	122/2011	and assigne	d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo		lity Company," the designa		previation "L.L.C."	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		Orlando	, FL. 22	810	#20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1	<u>8<i>0X</i>)</u>				
B. If amending the registered agent and/or the new registered of			records, enter	the name of t	he new
Name of New Registered Agent:	Garvi	in Mark		- -	
New Registered Office Address:	5/04	IN. Orange Enter Florida st		11011	308
	01/0	Cin.	, Florida	3)8[[Zip Code	
nt n to the definition of the later than the				-	

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

	Authorized Person(s) authorized to man com our records:	age, enter the title, name, and address of each p	1 1
MGR = Ma		18 JAN 17 PH 2: 30	
<u>Title</u>	Name	Address PH 2:30	Type of Action
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MG-R	Dawn Patrice Suscell Mark	SIOH N. Orande Diossom Trai Orlando, Fr. 22810	_□ Change
	, ., .		_D Remove
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