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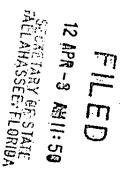
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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	PREVAIL HI	EALTHCARE OF FL		
5020		Name of Lim	ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			RODOLFO PRICE		
			Name of Person		
PREVAIL HEALTHCARE O					
			Firm/Company		
	6040 DAWSON BLVD, STE F				
			Address		
		NORCROSS,GA 30093		E 72	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	T & S
		RODOLFO.PRI	CE@PREVAILHEALTHCA to be used for future annual report not	ARE.COM	SSEE S
For fun	ther information of	concerning this matter, please of	·		
	ROE	OOLFO PRICE	at (770)	807-6673	Sign Sign Sign Sign Sign Sign Sign Sign
	Name o	of Person		me Telephone Numbe	r
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREVAIL HEAL		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on2/1/2	2012 and assigned
Florida document numberL12000015084		
. This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2817 E. OAKLAND PA	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 201F	20. 20
	FT. LAUDERDALE, FL	33306
_		
Enter new mailing address, if applicable:	2817 E. OAKLAND PA	RK BLVD
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 201F, BOX 7	
	FT. LAUDERDALE, FL	33306
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our record <u>e</u> :	s, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida	street address
**************************************		lorida
	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> PREVAIL HOME HEALTH	Address	Type of Action
MGR_	CARE LLC	12803 WIREVINE LANE	✓ Add
		HOUSTON, TX 77072	Remove
<u>MGRM</u>	HENLEY AMBROSE	2318 HIGHVIEW RD	Add Remove
		ATLANTA, GA 30311	Remove
MGR_	RODOLFO PRICE	6040 DAWSON BLVD STE F NORCROSS, GA 30093	Add Remove
MGRM	RODOLFO PRICE	6040 DAWSON BLVD STE F NORCROSS, GA 30093	Add Remove
			Add Remove
	•		Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	12 APA -3 ABII: 50 TACLIHASSEE FEBRUATE
Dated	MARCH 30 Signature of a mer	2012	
	R	ODOLFO PRICE, CPA	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00