

L12 0000 62177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

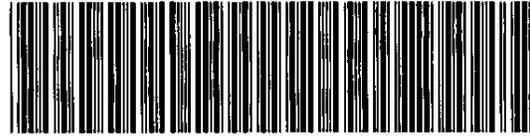
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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June 3, 2014

Arcadia Homecare, LLC

9140 Golfside Dr

Suite 9N

Jacksonville, FL 32256

To Whom It May Concern;

Enclosed you will find my Amendment to the Articles of Organization originally filed on 5/8/2012 under document # L12000062177.

I have also enclosed a check made payable to the Florida Department of State Division of Corporations for \$60 for the filing fee, Certificate of Status and Certified Copy.

Please return the requested documents to the following;

Kinetic Home Health, LLC

C/O Kevin Lehman

9140 Golfside Dr

Suite 9N

Jacksonville, FL 32256

My contact information is as follows;

Kevin Lehman

Cell: 904-252-5256

Email: [KLehman@KineticHH.com](mailto:KLehman@KineticHH.com)

Thank you for your attention to this matter.

Kind Regards,

Kevin Lehman

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Arcadia Homecare, 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:

**Kevin Lehman**  
Name of Person  
**Arcadia Homecare, LLC**  
Firm/Company  
**9140 Golfside Dr Ste 9N**  
Address  
**Jacksonville, FL 32256**  
City/State and Zip Code  
**klehman@kinetichh.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kevin Lehman** at **904 252-5256**  
Name of Person 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**

Arcadia Homecare, 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 05/08/2012 and assigned Florida document number L12000062177.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Kinetic Home Health, LLC

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*

\_\_\_\_\_, **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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

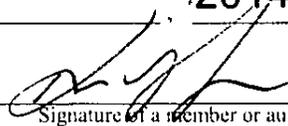
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: June 16, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 3, 2014



Signature of a member or authorized representative of a member

Kevin Lehman

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA