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(Requestor's Name)			
(Address)			
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(Document Number)			
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K.SALY EXAMINER JUL 31 2012

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ultimate (Para Home	Health	LLC
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	E	Name of Person	20	
	Ultimate	care S	ervices	LL C
		Firm/Company	······································	
	30331	SW 172 n	d ct.	
		Address	•	
	Homes	City/State and Zip Cod	. 330.	3 O
		City/State and Zip Cod	e Dua 600	40.00
	E-mail address:	reservice 6 to be used for future annu	al report notification	on)
For further information of	concerning this matter, please of	all:		
Elisa F	ranco	at (786)	294 - 167	9
Name o	of Person	Area Co	ode & Daytime Te	lephone Number
Enclosed 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		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section		ET/COURIER ration Section	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

12 "	FILED
$SE_{1,3,\ldots}$	L 30 PM 2:31
LUCLAHA	ISSEE, FLORIDA
records.)	L CRIDA

	OF SECALIST 2:31
Ultimate C	are Home Health CUCLAHASSEE STATE
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	npany were filed on $\frac{7/9/12}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Ultimate Care Servi	ces llc
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	30331 SW 172nd Court Homestead, Fl. 33030
(Principal office address MUST BE A STREET ADDRE	SS) Homestead, Fl. 33030
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30331 SW 172nd Court Homestead, Fl. 33030
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ss <u>here</u> :
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 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

	<u>Name</u>	Address	Type of Actio
			□ Pamaua
			Remove
			T Domovo
			Remove
famen	ding any other information	enter change(s) here: (Attach additional sheets,	
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_ 			
	7/20		
	. 6	Seria Shaveo re of a member or authorized representative of a mem	per

Page 2 of 2

Filing Fee: \$25.00