

(Requestor's Name)

(Address)

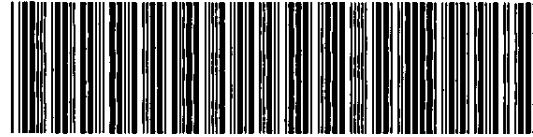
☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Document Number)

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

**Special Instructions to Filing Officer:**

Office Use Only



700253227137

10/31/13--01010--011 \*\*30.00

2013 OCT 31 AM 8:16

U.S. DEPT. OF JUSTICE  
EXAMINER  
NOV 1 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIGHTHOUSE HOME HEALTH AGENCY, 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:

ERIC N SMITH

Name of Person

LIGHTHOUSE HOME HEALTH AGENCY, LLC

Firm/Company

1060 6TH AVE

Address

VERO BEACH, FL 32960

City/State and Zip Code

eric@lighthousehha.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC N. SMITH

Name of Person

at (772) 538-3605

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

2013 OCT 31 AM 8:16  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LIGHTHOUSE HOME HEALTH AGENCY, 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 9/10/2012 and assigned Florida document number L12000115355.

This amendment is submitted to amend the following:

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

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)

2013 OCT 31 AM 8:16

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CRYSTAL BAKER	1446 19 <sup>TH</sup> ST. SW	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32962	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 OCT 31 AM 8:16

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

---

---

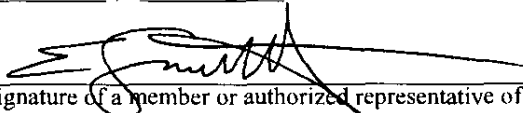
---

---

---

Dated

10/29, 2013

  
Signature of a member or authorized representative of a member

ERIC N SMITH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 31 AM 8:16  
FILED  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

Registered Agent: Eric N Smith

Lighthouse Home Health Agency, LLC

1060 6<sup>th</sup> Ave

Vero Beach, FL 32960

772-538-3605

2013 OCT 31 AM 8:16  
STATE  
CLERK