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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: KRISJOENNA SERVICES, INC.

Account Number: I20080000033

: (305)644-305\$

Fax Number

: (305)644-3052

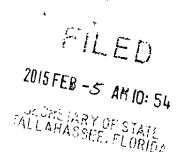
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ELC AMND/RESTATE/CORRECT OR M/MG RESIGN 1ST ACCREDITED HOME CARE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1ST ACCREDITED HOME CARE, 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 <u>February 5, 2015</u> and assigned Florida document number <u>L12000136250</u>.

This amendment is submitted to amend the following:

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:

MANUEL LLANES

New Registered Office Address:

8370 W. FLAGER STREET

STE 210

MIAMI, FL 33144

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, P.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.

Manuel Clanes

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

Title

Name+ Address

Type of Action

MGRM

YSABEL N LLANES

REMOVE

4750 University Drive

Coral Gables, FL 33146

AMBR

ALEXANDRA G. LLANES

ADD

4750 University Drive

Coral Gables, FL 33146

AMBR

ISABEL C. LLANES

ADD

4750 University Drive

Coral Gables, FL 33146

Effective date, if other than the date of filing:

(optional)

MISTER 5 THOSE

(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: February 5, 2015

Manuel llanes

Signature of a member or authorized representative of a member

MANUEL LLANES

Typed or printed name of signee