# 12000144729

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100437053581

2024 NOV 12 AH 11: 03 RECEIVED

2024 NOV 12 AM 11: 26 FILED

## **CT CORP**

## (850) 656- 4724

#### 3458 lakesore Drive Tallahassee, FL 32312

11/12/2024

D	Acc#120160000072
	Acc#I20160000072
Name:	Bayfront HMA Home Health, LLC
Document #:	
Order #:	15970973
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	Country of Destination:
Apostille/Notarial Certification:	Number of Certs:
Filing: 🗸	Certified:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00

Thank you!

#### **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Bayfront l					
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Dana Nelson				
		Name of Person			
	LHC Group, Inc.				
		Firm/Company			
	P O Box 51266				
		Address			
	Lafayette, LA 70505	0: 10: 12: 0.1			
	dana.nelson@lhegroup.con	City/State and Zip Code			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)		
Dana Nelson Name o	of Person	at ( 337 ) 210-9147 Area Code Daytime Telephone 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 is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	ction		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632		The Centre of T	`allahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOV 12 AM 11: 26

Bayfront HMA Home Health 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 Cor	npany were filed on 11/15/2012	and assigned
Florida document number <u>L12000144729</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	<del></del>
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LHC Group Inc	901 Hugh Wallis Road South	
		Lafayette, LA 70508	ERemove
			□Change
MGR	Central Florida Partnership, LLC	901 Hugh Wallis Road South	⊌Add
		Lafayette, LA 70508	□Remove
			□Add
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change

. If amending any oth	ier intormation	, enter chan	ge(s) nere: (A	насп аванюта	і зпесія, іј несі	essury.)		
<u> </u>					. <u> </u>	<u> </u>		_
		. <u>.</u>						_
		<u> </u>			<u></u>			_
	<del></del>						-	_
<u></u>				<del></del>				<del></del>
<del> </del>								<del>-</del>
								_
			_					_
						7	20	
<del></del>						LLA	20 <b>24 N</b>	- -T]
	- · · · · · · · · · · · · · · · · · · ·					HASS	NOV -	
<u> </u>						[1]"	2	_'
<del></del>	· · · · · · · · · · · · · · · · · · ·						# ::	-0
		<del></del> -				FLORIDI	 - <u>2</u> 2	_
						<i>P</i>		_
								_
			-				· <del>-</del>	
Effective date, if oth (If an effective date is liste Note: If the date inser document's effective of	ted in this block	does not meet	t the applicable :	te of filing or more statutory filing re	(opti than 90 days after quirements, thi	onal) r filing.) Pursi s date will r	uant to 6 10t be li	05.0207 (3 sted as th
he record specifies a del ord is filed.	ayed effective da	te, but not an	effective time, ;	nt 12:01 a.m. on t	he earlier of: (b	) The 90th	ı day af	ier the
Dated November 11		·	2024					
	146							
	Sign	attire of a men	aber or authorized	representative of	i member			
1 1 * 1	Proffitt, President							

Filing Fee: \$25.00