## U12000149935

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į





700241838507

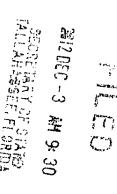
12/03/12--01039--011 \*\*25.00

T. CLINE

DEC - 4 2012

**EXAMINER** 

DEBARTMENT OF STATE



NTS, INC. (formerly CCRS) ENUE 32301 SHEET	
Kim Weidenbach	
12/3/12	
<u>000164.176941</u>	
HOSPICE INVESTORS, LLC changing its name to: JC HOSPICE INVESTORS, LI	<u> LC</u>
PRPORATION (XX) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME  CATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) MERGER ( ) WITHDRAWAL  CANCELLATION	
	Pinner Brown Pinner Pin
RN: Y () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY F STATUS	
	NTS, INC. (formerly CCRS) ENUE 32301  SHEET  Kim Weidenbach  12/3/12  000164.176941  HOSPICE INVESTORS, LLC changing its name to: JC HOSPICE INVESTORS, LI  REPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION ( ) TRADEMARK/SERVICE MARK () FICTITIOUS NAME CATION () LIMITED PARTNERSHIP () LIMITED LIABILITY ( ) MERGER () WITHDRAWAL  ANCELLATION  REPAID WITH CHECK# 10225  FOR \$ 25.00  ON FOR ACCOUNT IF TO BE DEBITED:  COST LIMIT: \$  RN:  ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

Examiner's Initials

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code		
		, Florida		
New Registered Office Address:	Enter Florida street address			
•				
Name of New Registered Agent:				
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco <u>dress here</u> :	ords, enter the name of the new		
	• • • • • • • • • • • • • • • • • • • •	13		
partition of the second of the				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
Enter new mailing address, if applicable:				
		建筑 两		
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new principal offices address, if applicable:				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation		
JC Hospice Investors, LLC				
A. If amending name, enter the new name of the lin	nited liability company here:			
This amendment is submitted to amend the following:				
Florida document number L12000149935	·			
The Articles of Organization for this Limited Liability	Company were filed on Novembe	r 29, 2012 and assigned		
	y Company as it now appears on our Limited Liability Company)	records.)		
Hospice investors, LLC				

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			
Title	Name	Address	Type of Action
····			
			Remove
	·		
			Add
			. Remove
<u>_</u>	·		Add
······			Remove
			ライ CO
			Add
	,		Remove
			<del></del>
<del></del>			Add
			Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
····	
ited	
	Kati Wonseh
	Signature of a member or authorized representative of a member
	Katie Wonsch, Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

第12 DEC -3 M 9 30

The second secon