# 11200053094

questor's Name)	
dress)	
dress)	
y/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nan  cument Number)  Certificates

Office Use Only



900277935629

MIS OCT -9 P 2: 46
SECRETARY OF STATE
SECRETARY OF STATE

BERNANTER OF STATE

OCT 12 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 825790 4312639	
AUTHORIZATION : Spelle na	
COST LIMIT : \$25.00	
ORDER DATE : October 8, 2015	
ORDER TIME : 9:27 AM	
ORDER NO. : 825790-005	
CUSTOMER NO: 4312639	
조후 co 	<u></u>
DOMESTIC AMENDMENT FILING	F
NAME: HOSPICE ADVANTAGE, LLC	Ë
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Courtney Williams EXT# 62935	

EXAMINER'S INITIALS:

### **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT:

SUBJECT:	Hospice Advantage, LLC
	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$25.00 Fili	sig Fee \$\bigcup \frac{\$30.00 \text{ Filing Fee}}{\text{Certificate of Status}}\$\$ \$\bigcup \frac{\$55.00 \text{ Filing Fee} & \bigcup & \text{Certificate of Status} & \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} & \text{(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hospice Advantage, LLC

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	
The Articles of Organization for this Limited Liability Compassigned	any were filed on December 7, 2012 and
Florida document number <u>L12000153094</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7A SEC L.
B. If amending the registered agent and/or registered offi	an address on our mounts after the name
of the new registered agent and/or the new registered office	
Name of New Registered Agent:	
AV V.A.L. VARIANCES AN VERSION	5.5 N

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street addre

City

Florida

Zip Code

# 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>	Name	Address	Type of Action
<u>MGR</u>	Paul Murphy	401 Center Avenue Bay City, MI 48708	☐ Add  ☐ Remove
<u>MGR</u>	Marc Buan	401 Center Avenue Bay City, MI 48708	☐ Change ☐ Add ☑ Remove ☐ Change
MGR	Michael Fabian	401 Center Avenue Bay City, MI 48708	□ Add ☑ Remove
MGR	Thomas Fitzpatrick	401 Center Avenue Bay City, MI 48708	□ Change □ Add ☑ Remove
MGR	Rod Hildebrant	401 Center Avenue Bay City, MI 48708	☐ Change ☐ Add ☑ Remove
MGR	Kaye Mynsberge	401 Center Avenue Bay City, MI 48708	☐ Change ☐ Add ☐ Remove ☐ Change
			GRETARY O

FILED

D.	If amending any	other information.	enter change(s) here:	(Attach additional sheets.	if necessary.)
~	II WINGINGHINE WINV	VITACT ATBIVITIBILITY	CHICH CHAMECIST HELEC.	Muden additional streets,	if the cosm y.

Article IV of the Articles of Organization is hereby amended to read in its entirety as follows: "The limited liability company shall be member managed."

E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

SECRETARY OF STATE

Dated October 8 2015

Signature of a member or authorized representative of a member

Anthony James, President

Filing Fee: \$25.00

SECRETARY OF STATE

TILED