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MAY - 8 2013 J. BRYAN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECTS

SWFLA IN-HOME CARE, 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:

ROY J. JAEGER

Name of Person

SWFLA IN-HOME CARE, LLC

Firm/Company

12438 PRATHER AVE.

Address

PORT CHARLOTTE, FL 33981

City/State and Zip Code

58703@HOMEHELPERS.CC

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

For further information concerning this matter, please call:

ROY J. JAEGER

{.../}813\695-7233

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFLA IN-HOME CARE, LLC

company has been notified in writing of this change.

(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 MARCH 18, 2013 and assigned	
Florida document number L13000040701	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
This amendment is submitted to amend the following:	were filed on MARCH 18, 2013 and assigned illity company here:	
A. If amending name, enter the new name of the limited liab	ility company here:	
	29 2	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	12438 PRATHER AVE.	
(Principal office address MUST BE A STREET ADDRESS)	PORT CHARLOTTE, FL 33981	
Enter new mailing address, if applicable:	12438 PRATHER AVE.	
(Mailing address MAY BE A POST OFFICE BOX)	PORT CHARLOTTE, FL 33981	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
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 agr the provisions of all statutes relative to the proper and comp		

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

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		
Name	Address	Type of Action
		Add
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	Name	Name Address

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

Article III: The purpose for which this Limited Liability Company is organized is to offer, perform and sell non-medical home care aid, personal care aide assistance, and companion care services and personal emergency response products and services under the trade name "Home Helpers® and Direct Link®" pursuant to Franchise Agreements between the Limited Liability Company and H.H.

Franchising Systems, Inc. dated March 25, 2013, and to do all things necessary and incident thereto, and for no other purpose.

Dated_May 1

2013

Roy J. Jaeger

nature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

