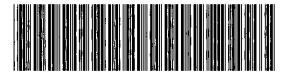
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COVER LETTER :

TO: Registration S Division of Co			
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ABUELO'S HOME HEALTH 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: LISANDRA HERNANDEZ Name of Person ABUELO'S HOME HEALTH CARE, LLC Firm/Company 1248 E HILLSBOROUGH AVE STE 226 Address TAMPA, FL 33604 City/State and Zip Code ABUELOSHHC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LISANDRA HERNANDEZ Name of Person AT481704 Daytime Telephone Number			
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	LISANDRA HERNANDE	BZ	
		Name of Person	
	ABUELO'S HOME HEA	LTH CARE , LLC	
		Firm/Company	
	1248 E HILLSBOROUGH	H AVE STE 226	
		Address	
	TAMPA, FL 33604		
		City/State and Zip Code	
	•		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
LISANDRA HERNANDEZ			
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

ABUELO'S HOME HEALTH CARE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000041439</u> .	were filed on 03/19/2013	and assigned ALLAE
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	LED 13 PM 12: 1ARY OF ST
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbrevia Ba "L. L."
Enter new principal offices address, if applicable:	1248 E HILLSBOROUGH AVE	STE 226 >
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33604	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	1248 E HILLSBOROUGH AVE	STE 226
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33604	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	· ·	enter the name of the new
	, Florid	daZip Code
	City	Lip 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 Type of Action **Title Address** <u>Name</u> _ Add _□ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove □ Change _□ Add ☐ Remove ☐ Change CRE Remove

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