

JUL/30/2019/TUE 06:18 PM
7/30/2019

Sarasota Office

FAX No. 941-365-4964

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000228387 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ghendricks@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORPAS HOME HEALTH CARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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AUG 01 2019

M. SOLOMON

Fax Audit: (((H19000228387 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Corpas Home Health Care, 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 Company were filed on 03/27/2013 and assigned
Florida document number L13000045556.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

6310 Capital Drive, Suite 200

(Principal office address MUST BE A STREET ADDRESS)

Bradenton, FL 34202

Enter new mailing address, if applicable:

5955 Rand Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, Florida 34238

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Blalock Walters, P.A.

New Registered Office Address:

802 11th Street West

Enter Florida street address

Bradenton

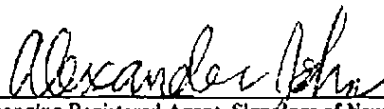
City

, Florida 34205

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

Fax Audit: (((H19000228387 3)))

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2019 JUL 31 PM 1:16

FILED

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

100

2019 JUL 31 PM 1:16

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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.

(b) The 90th day after the record is filed.

Dated July 30, 2019

Sand Bohman

Signature of a member or authorized representative of a member

Saida Bouhamid, Authorized Representative

Typed or printed name of signee