

L13000055794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

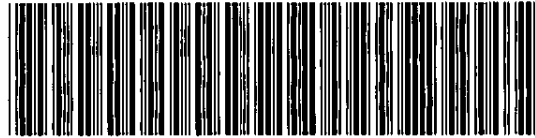
(Business Entity Name)

(Document Number)

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FILED  
JAN 26 2017  
TALLAHASSEE, FLORIDA

17 JAN 26 AM 8:08

FILED  
JAN 26 2017  
TALLAHASSEE, FLORIDA

17 JAN 26 AM 10:54


JAN 27 2017

Y SULKER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 480210 7132640

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : January 26, 2017

ORDER TIME : 8:40 AM

ORDER NO. : 480210-005

CUSTOMER NO: 7132640

DOMESTIC AMENDMENT FILING

NAME: ONE HOMECARE SOLUTIONS, LLC

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:** ONE HOMECARE SOLUTIONS, 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:**

PHILIP M. HANAKA, ESQ.

Name of Person

BUCHANAN INGERSOLL & ROONEY PC

Firm/Company

401 East Las Olas Boulevard, Suite 2250

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

philip.hanaka@bipc.com

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

**For further information concerning this matter, please call:**

Philip Hanaka	954	468-2303
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- [illegible]

**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**

ONE HOMECARE SOLUTIONS, 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 April 12, 2013 and assigned  
Florida document number L13000055794.

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 "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) \_\_\_\_\_

**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: \_\_\_\_\_

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Guillermo Salazar	3351 Executive Way	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Ramon A. Falero	3351 Executive Way	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Guillermo Salazar	3351 Executive Way	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11 JAN 6 AM 9:00  
CIVIL SERVICE GROUP

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

Article VII of the original Articles of Organization is hereinafter modified to read as follows:

"The management of the Company shall be "manager-managed" subject to,

and in accordance with , the operating agreement adopted by, and any written agreements entered into by, the

members for the management of the business and affairs of the Company."

17 JAN 26 AM 9:08  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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

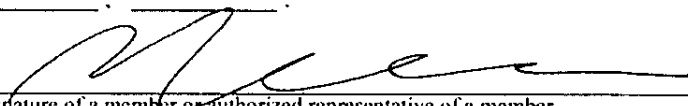
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

Dated January 26 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RAMON FALERO, PRESIDENT  
\_\_\_\_\_  
Typed or printed name of signee