## [130000 77551

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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

04/22/2024

Date:

wie SW

	Acc#I20160000072
Name:	One Home Medical Equipment, LLC
Document #:	
Order #:	15505646
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🚺	Certified: ✓  Plain:  COGS:  Email Address for Annual Report Notification
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 55.00

Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Home Medical Equipment, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number Li3000077551.	were filed on 05/28/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	~>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		22 A
(Mailing address MAY BE A POST OFFICE BOX)		Mos T
		59 FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new register
New Registered Office Address:	Enter Florida street addr	255
	, F	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent.	<u>:</u>	
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is
If Cha	noing 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>	Address	Type of Actio
	Daniel Kevin Feld	500 West Main Street	□Add
		Lousville, KY 40202	□Remove
			• Change
VP	Ralph Martin Wilson	500 West Main Street	□Add
		Louisville, KY 40202	■Remove
			.☐Change دیم
VP.	Cassie L. Hoff	500 West Main Street	
Strategy Ac	dvancement	Louisville, KY 40202	Remove ;
			TO STAN GChange
	Lloyd Kirk Allen	500 West Main Street	
		Louisville, KY 40202	□Remove
			■ Change
		<del></del>	□Add
		2000	□Remove
			□Change
<del></del>			□Add
			□Remove

ffective date, if other than the date of filing:  an effective date, if other than the date of filing:  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 dots:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  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 d is filed.	Officer title for I	Daniel Kevin Feld has c	hanged to "Assoc	riate Vice Presi	dent, Tax"			
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		Signature o	M t a member or auth	orized representa	tive of a member			

Filing Fee: \$25.00