

L13000047551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

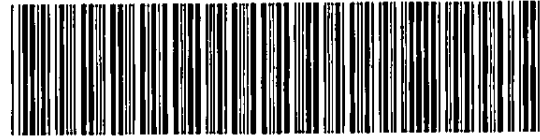
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JAN - 7 2025

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2026 JAN - 6 PM 5: 35

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Date: 01/06/2026
 Acc#I20160000072

W: L SW

Name:	One Home Medical Equipment, LLC
Document #:	
Order #:	16705122

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

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	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Humana Inc. (the "Company"), a Corporation incorporated under the laws of Delaware, does hereby appoint as attorneys-in-fact for the Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation and affiliates and subsidiaries of the Company (including those attached hereto as Exhibit A), specifically incorporated herein by reference ("the Subsidiaries"), in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Company and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorneys-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office, amend (add, update or remove, as necessary) officers, directors and/or members, foreign qualify, withdraw, dissolve, convert and complete forms of similar import on behalf of the Company and Subsidiaries in any state, the District of Columbia, US Territories and Canada.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall be permitted, as applicable, to exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 8th day of April 2025.

Signature

Name, Title Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary

Sworn to and subscribed before me this 8th day of April, 2025
Date Month Year

Signature of Notary

Notary Public, State of

Kentucky
State

Commission Expires:

04/13/2027
M/D/YYYY

(Seal)

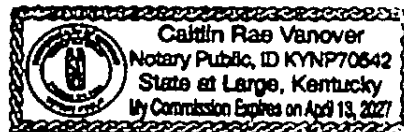


Exhibit A

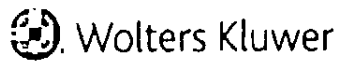
A & A HOMECARE, INC.	Florida
Aberdeen Holdings, Inc.	Texas
Able Home Healthcare, Inc.	Texas
Access Home Health of Florida, LLC	Delaware
Accountable Care Organization of Pennsylvania, LLC	Pennsylvania
Accredited Home Health Care of Broward, Inc.	Florida
Advanced Oncology Services, Inc.	Florida
Alexander Infusion, LLC	New York
All About Home Care Management, LLC	Florida
Alpine Home Health Care, LLC	Colorado
Altercare LLC	Florida
Altercare of Palm Beach County, LLC	Florida
Amazing Home Health Care, Inc.	Florida
Amazing Home Health Holdings, LLC	Delaware
American Homecare Management Corp.	Delaware
Amicus Medical Center LLC	Florida
Amicus Medical Group, Inc.	Florida
Amicus Medical Services Organization, LLC	Florida
Arcadian Health Plan, Inc.	Kentucky
Asian American Home Care, Inc.	California
Balanced Home Healthcare, Inc.	Florida
Bridges Home Health, Inc.	Florida
BWB Sunbelt Home Health Services, LLC	Texas
Capital Care Resources of South Carolina, LLC	Georgia
Capital Care Resources, LLC	Georgia
Capital Health Management Group, LLC	Georgia
Care Hope Holdings, Inc.	Florida
Care Hope Home Health Agency, Inc.	Florida
Care Solutions ACO, LLC	Delaware
CareNetwork, Inc.	Wisconsin
CarePlus Health Plans, Inc.	Florida
Cariten Health Plan Inc.	Tennessee
CDO 1, LLC	Delaware
CDO 2, LLC	Delaware
CenterWell Accountable Care, LLC	Florida
CenterWell Care Solutions, Inc.	Delaware
CenterWell Certified Healthcare Corp.	Delaware
CenterWell Health Services (Certified), Inc.	Delaware
CenterWell Health Services (USA), LLC	Delaware
CenterWell Health Services Holding Corp.	Delaware
CenterWell Health Services, Inc.	Delaware
CenterWell Home Health Services, LLC	Delaware
CenterWell IPA Solutions, LLC	Michigan

CenterWell Pharmacy, Inc.
 CenterWell Senior Primary Care (AZ) CS, P.C.
 CenterWell Senior Primary Care (AZ), P.C.
 CenterWell Senior Primary Care (FL) JV, P.L.L.C.
 CenterWell Senior Primary Care (FL), Inc.
 CenterWell Senior Primary Care (GA), P.C.
 CENTERWELL SENIOR PRIMARY CARE (IN), P.C.
 CenterWell Senior Primary Care (KS), P.A.
 CenterWell Senior Primary Care (KY), P.S.C.
 CenterWell Senior Primary Care (LA) CS, P.C.
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 CenterWell Senior Primary Care (MO), P.C.
 CenterWell Senior Primary Care (MS) CS, P.C.
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 CenterWell Senior Primary Care (NC), P.C.
 CenterWell Senior Primary Care (NV) CS, P.C.
 CenterWell Senior Primary Care (NV), P.C.
 CenterWell Senior Primary Care (SC) JV, P.C.
 CenterWell Senior Primary Care (SC), P.C.
 CenterWell Senior Primary Care (TN), P.C.
 CenterWell Senior Primary Care (TX) CS, P.A.
 CenterWell Senior Primary Care (TX), P.A.
 CenterWell Senior Primary Care (VA), P.L.L.C.
 CenterWell Therapy Services, LLC
 CHA HMO, Inc.
 Chattahoochee Valley Home Care Services, LLC
 Chattahoochee Valley Home Health, LLC
 CHMG Acquisition LLC
 CHMG of Atlanta, LLC
 CHMG of Griffin, LLC
 CompBenefits Company
 CompBenefits Corporation
 CompBenefits Dental, Inc.
 CompBenefits Direct, Inc.
 CompBenefits Insurance Company
 Complex Clinical Management, Inc.
 Conviva Care Solutions II, LLC
 Conviva Care Solutions, LLC
 Conviva Group Holdings, LLC
 Conviva Health Management of Texas, PLLC
 Conviva Health Management, LLC
 Conviva Health MSO of Texas, Inc.
 Conviva Medical Center Management of Texas, P.A.

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 New York, NY 10011

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Conviva Medical Center Management, LLC
Conviva Physician Group, LLC
Conviva Specialty, LLC
Corpus Christi Home Care, Inc.
Dental Care Plus Management, Corp.
DentiCare, Inc.
DVACO-2, LLC
DVACO-3, LLC
Eagle NY Rx, LLC
Eagle Rx Holdco, Inc.
Eagle Rx, Inc.
Eastern Carolina Home Health Agency, LLC
Echo Primary Care Holdings, LLC
Edge Health MSO, Inc.
Elite Health Medical Centers, LLC
Elite Health Primary Care, LLC
EmpheSys Insurance Company
EmpheSys, Inc.
Enclara Pharmacia, Inc.
First Home Health, Inc.
FPG Acquisition Corp.
FPG Acquisition Holdings Corp.
FPG Holding Company, LLC
FPG Senior Services, LLC
GBA Holding, Inc.
GBA West, LLC
Gilbert's Home Health Agency, Inc.
Go365, LLC
GuidantRx, Inc.
Harden HC Texas Holdco, LLC
Harden Healthcare Holdings, LLC
Harden Healthcare, LLC
Harden Home Health, LLC
Harden Hospice, LLC
Harris, Rothenberg International Inc.
Hawkeye Health Services, Inc.
Health Value Management, Inc.
Healthcare Planning of America, LLC
Healthfield Home Health, LLC
Healthfield of Southwest Georgia, LLC
Healthfield of Statesboro, LLC
Healthfield of Tennessee, LLC
Healthfield Operating Group, LLC
Healthfield, LLC

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HHS Healthcare Corp.
 Home Health Care Affiliates of Central Mississippi, L.L.C.
 Home Health Care Affiliates of Mississippi, Inc.
 Home Health Care Affiliates, Inc.
 Home Health Care of Carteret County, LLC
 Home Health of Rural Texas, Inc.
 Home Health Services, Inc.
 Homecare Holdings, Inc.
 Horizon Health Care Services, Inc.
 Hospice Pharmacy Solutions, LLC
 HP Solutions Holdings, LLC
 HUM Provider Holdings, LLC
 Humana Active Outlook, Inc.
 Humana At Home (San Antonio), Inc
 Humana At Home 1, Inc.
 Humana at Home, Inc.
 Humana Benefit Plan of Illinois, Inc.
 Humana Benefit Plan of South Carolina, Inc.
 Humana Benefit Plan of Texas, Inc.
 Humana Care Holdings, Inc.
 Humana Dental Company
 Humana Digital Health and Analytics Platform Services, Inc.
 Humana Direct Contracting Entity, Inc.
 Humana Employers Health Plan of Georgia, Inc.
 Humana Government Business, Inc.
 Humana Health Benefit Plan of Louisiana, Inc.
 Humana Health Company of New York, Inc.
 Humana Health Insurance Company of Florida, Inc.
 Humana Health Plan of California, Inc.
 Humana Health Plan of Ohio, Inc.
 Humana Health Plan of Texas, Inc.
 Humana Health Plan, Inc.
 Humana Health Plans of Puerto Rico, Inc.
 Humana Healthcare Research, Inc.
 Humana Inc.
 Humana Innovation Enterprises, Inc.
 Humana Insurance Company
 Humana Insurance Company of Kentucky
 Humana Insurance Company of New York
 Humana Insurance of Puerto Rico, Inc.
 Humana Life Insurance Company of New York, Inc.
 Humana Management Services of Puerto Rico, Inc.
 Humana MarketPoint of Puerto Rico, Inc.
 Humana MarketPOINT, Inc.

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 Puerto Rico
 New York
 Puerto Rico
 Puerto Rico
 Kentucky

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Home Medical Equipment, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2026 JAN -6 PM 5: 35
SECRETARY OF STATE
TALLAHASSEE, FL

One Home Medical Equipment, 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 05/28/2013 and assigned Florida document number I.13000077551.

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:

101 E. Main St.

(Principal office address MUST BE A STREET ADDRESS)

Louisville, KY 40202

Enter new mailing address, if applicable:

101 E. Main St.

(Mailing address MAY BE A POST OFFICE BOX)

Louisville, KY 40202

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>
_____	_____	_____	<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

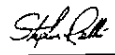
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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 12/30, 2025



Signature of a member or authorized representative of a member

STEPHEN RULLIS, ATTORNEY IN FACT

Typed or printed name of signee

Filing Fee: \$25.00