

L13000142308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

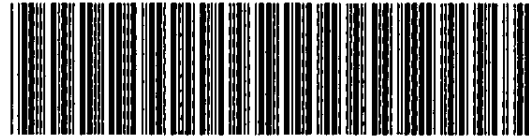
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2013

T. HAMPTON



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

January 13, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Halo Premier Home Care, LLC

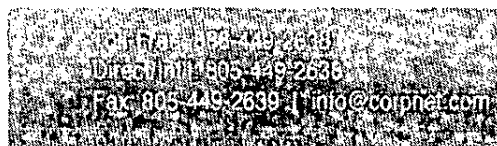
To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this filing
using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com



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

HALO 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 10/09/2013 and signed

Florida document number L13000142308

This amendment is submitted to amend the following:

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

Halo Premier Home Care, LLC

The new name must be distinguishable and end with 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)

820 N. Atlantic Ave.

Unit #504A

Cocoa Beach, FL 32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

820 N. Atlantic Ave.

Unit #504A

Cocoa Beach, FL 32931

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

***Please update AMBR/MGRM address below. City should be

Cocoa Beach.****

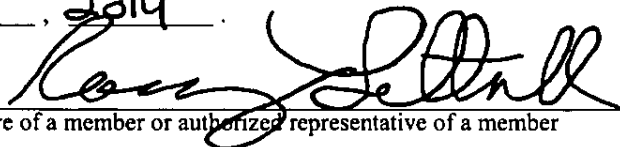
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LITTRELL, ROSEMARY	820 N. Atlantic Ave.	☒ Add
		Unit #504A	☐ Remove
		Cocoa Beach, FL 32931	
			☐ Add
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 TALAHASSEE, FLORIDA

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated January 10th, 2014



Signature of a member or authorized representative of a member

Rosemary Littrell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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