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Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

Division of Cor			
UNITED H	OME HEALTH SOLUTIONS	, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GRISEL DIAZ		
		Name of Person	
		Firm/Company	
	6187 NW 167 St. Suite H-	15	
	•	Address	
	Miami, florida 33015		
	unitedhhs@yahoo.com	City/State and Zip Code	
	- -	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
Grisel Diaz		305 5580470 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED HOME HEALTH SOLUTIONS, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	25
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L14000046154		1: 28
his amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
JNIVERSITY HOME HEALTH CARE, LLC.		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6187 NW 167 ST	
Principal office address MUST BE A STREET ADDRESS)	SUITE H-15	<u> </u>
	Miami fl 33015	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
	y	

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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
		Remove	
			□Change
		·	
			□Remove
			□Change
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(If an effective Note: I	ve date, if other than the date of filing: (optional) (optional) (optional) (if the 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne record ord is file	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 ed.
Dated _	09/20/2023
Dated _	
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00