

2/8/22, 11:32 AM

Division of Corporations

**L1400013448**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000050899 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: epannington@blalockwalters.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEAL AT HOME HEALTHCARE, LLC**

Certificate of Status	0
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Heal at Home Healthcare, 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 07/17/2014 and assigned  
Florida document number L14000113448.

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:

5955 Rand Blvd.

**(Principal office address MUST BE A STREET ADDRESS)**

Sarasota, Florida 34248

Enter new mailing address, if applicable:

5955 Rand Blvd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Sarasota, Florida 34238

**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:**

Blalock Walters, P.A.

**New Registered Office Address:**

302 11th Street West

Enter Florida street address

BradentonFlorida34205

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**

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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	Lester A. Hammond, III	P.O. Box 772184	<input type="checkbox"/> Add
		Ocala, Florida 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cara A. Hammond	P.O. Box 772184	<input type="checkbox"/> Add
		Ocala, Florida 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Jonathan Fleece	5955 Rand Blvd.	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Rafael Sciullo	5771 Roosevelt Blvd., Suite 610	<input checked="" type="checkbox"/> Add
		Clearwater, Florida 33760	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Chief Legal Officer	Alan Weldy	5955 Rand Blvd.	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Saida Bouhamid	5955 Rand Blvd	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
VP	Cecille Riggs	5955 Rand Blvd.	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34238	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 February 7

2022

Signature of a member or authorized representative of a member

**Jenifer Schembri, Authorized Representative**

Typed or printed name of signer

**Filing Fee: \$25.00**

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