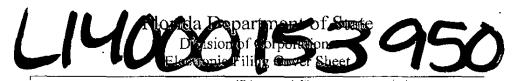
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES &

Account Number: 075410002172 Phone : (239)344-1100 : (239)344-1529 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NO PLACE LIKE HOME SENIOR CARE, LLC

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FAX AUDIT NO. H17000156900 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Place Like Home Senior Care, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000153950	were filed on September 29, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	. 63
Direct Access Counseling & Supportive Services, LLC		TALL A
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation E.L.L.
Enter new principal offices address, if applicable:		_ _
(Principal office address MUST BE A STREET ADDRESS)		25 S
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	. , , , , , ,	[0.5] .c.
Enter new mailing address, if applicable:	**	- 35 。
(Mailing address MAY BE A POST OFFICE BOX)		<u>>`</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, <u>enter tl</u> ::	e name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
er new mailing address, if applicable:	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	nerformance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	ntliar with and this document is
	·	
If Chang	ging Registered Agent, Signature of New Regis	tered Agent

Page 1 of 3

FAX AUDIT NO. H17000156900 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Wendy Murray		\D \Add
		9	□ Change
MGR	Jennie Lynn Beuer		B Add
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			□ Remove
			□ Change

If amending any other inf	rmation, en	ter change	(s) here:	(Attach o	ddirionai	shects, if	<i>всыяшу.)</i>			
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