L15000021526

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
	-	
(Do	ocument Number)	
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SECRETARY OF STATE
TAHASSEE FINANTE

K.SALY EXAMINER AUG 12 2015

COVER LETTER

*		ABLE CARE AT HOME, LLC		
SUBJEC	J1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JENNIFER D. PESHKE, E	ESQUIRE	
			Name of Person	
		LAW OFFICES OF JENN	IFER D. PESHKE, P.A.	
			Firm/Company	
	4733 N. HWY. A1A, SUITE 303			
			Address	
		VERO BEACH, FL 32963		
			City/State and Zip Code	
		JDP@PESHKELAW.COM		
		E-mail address: (to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please ca	all:	
НЕАТН	ER J. AUTEN, I	PARALEGAL	772 231-1233	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
= \$25,0	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 ADDRESS:

TO:

Registration Section **Division of Corporations**

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
AUG In
SECRETARY OF STATE

AFFORDABLE CARE AT HOME, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) $LURID_L$ The Articles of Organization for this Limited Liability Company were filed on January 30, 2015 _ and assigned Florida document number L150000021526 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___

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
AMBR MIC	MICHAEL MALONE	18501 S OCEAN DR	□ Add
		JENSEN BEACH FL 34957	■ Remove
			Change
			Add
			□ Remove
		SE Change	
			AR PROPERTY OF Remode 52
		Change	
			Add
		.	Remove
			□ Change
		_	Add
			□ Remove
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			Add
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			□ Change

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The control of the co	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
f the record specifies a delayed e b) The 90th day after the record	effective date, but not an effective time, at 12:01 a.m. on the earlier of: d is filed.
Dated	2015
	Gw M
Sig	gnature of a member or authorized refresentative of a member
ERIC YOUNG	' (/

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00