## L15 0000 44078

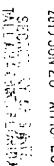
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## COVER LETTER . . .

	Registration Se Division of Cor		. ,	
0.110.100		k Home Health Care, LLC		
SUBJEC	:1: <u> </u>	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		Marta Pierluisi		
		Avalon Park Home Health	Name of Person Care, LLC	<del></del>
		13013 Founders Sqaure Dr	Firm/Company ive	
		Orlando FL 32828	Address	
		marta@avalonparkhomehea	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Marta Pi	erluisi		407 864-1165	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.6	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:

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

Avalon Park Home Health Care, LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L15000044078	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "LLC".
Enter new principal offices address, if applicable:	N/A FB & F
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	13013 Founders Square Drive
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL 32828
registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the n</u> lress here:
Name of New Registered Agent: N/A	
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
VP	Marybel Defillo	3680 Avalon Park Blvd East	
		Ste. 300	
		C. I. I. I. 2022	Remove
		Orlando FL 32828	☐ Change
			Add
			□ Remove
			☐ Change
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