15000155235

	(Requestor's Name)	
((Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	<u>- </u>
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COVER LETTER

Registration Section

Division of Corporations

Registration Section Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

TO:

144)

SUBJECT:	FIRST CALL	HOME HEALTH 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:		
		ROSANNE SPINOLA		
		Name of Person		
		,		
		Firm/Company		
	9	019 PARK BLVD., SUITE 103		
		Address		
		SEMINOLE, FL 33777 City/State and Zip Code		
		ROSENY4EVA@HOTMAIL.COM		
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	concerning this matter, please ca	all:		
ROSANN	E SPINOLA	at (727) 501-5697		
Name of Person			: Telephone Number	
Enclosed is a check for the	he following amount:		2016 FEB	, ,
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status& Certified Copy (additional copy is enclosed)	コフ
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

FIRST CALL HO				
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appe</u> Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL15000055235	were filed on _	MARCH 27, 2016	and ass	igned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	e designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	9019 PARK BLVD ., SUITE 103			
	SEMINOLE,	FL 33777	<u>-</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>e</u>	enter the name	of the new
Name of New Registered Agent:			2016	
New Registered Office Address:	Enter F	lorida street address Florid	AND TEB	Taratius .
	City	, 11011	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				O
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance or provided for in	of my duties, and I Chapter 605, F.S	er agree to comp T am familtar wil 5. Or, if this doci	h and iment is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Remove
			☐ Change
	·		□ Remove
			☐ Change
		-	□ Add
			□ Remove
			Par Behange
			SET ORemove
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fect	tive date, if other than the date of filing: FEBRUARY 17, 2016 (optional)	
ote:	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant o 605 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	i.020 ed a
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er c
	real day area. the record to mean	
ated	FEBRUARY 17 2016	
	· · · · · · · · · · · · · · · · · · ·	
	Rosance Spinola	
	Signature of a number or authorized representative of a member	
	ROSANNE SPINOLA	
	Typed or printed name of signee	

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Filing Fee: \$25.00