L15000198699

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	gistration Sec vision of Corp			*1
eun irer.	Home Care	of Boca Raton, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please returr	all correspon	ndence concerning this matter	to the following:	
		Robert M Mayer		
			Name of Person	
		Gordon & Rees		
			Firm/Company	
		200 S Biscayne Blvd, Suite	÷ 4300	
			Address	
		Miami, Fla 33131		
			City/State and Zip Code	
		RMMayer@GordonRees.co		
			to be used for future annual report notif	ication)
For further i	information c	oncerning this matter, please ca	all:	
Robert M N	Лауег		305 428-5335 at ()	
•	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN 30 AM 8: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

Home Care of Boca Raton, LLC	d pitalistico delle, il legitista
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L15000098699	6/5/2015 and assigned
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	te 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 registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter .	Florida street address
	Florido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If am'ending 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>	Address	Type of Action
AMGR	Jennifer B. Manaytay	19-D Elizabeth Plc Condo, 332 HV	= Add
		Salcedo Vill, Brgy Bel-Air	Remove
		Makati City, Phillipines	Change
AMGR	Jonnah B. Manaytay	19-D Elizabeth Plc Condo, 332 HV	■ Add
		Salcedo Vill, Brgy Bel-Air	☐ Remove
		Makati City, Phillipines	Change
			□ Add
			□ Remove
			☐ Change
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affective date, if o	her than the d	late of filing	6/23/2015			(option:	al)	
an effective date is lis	ted, the date must	be specific and	cannot be prio			90 days after fil	ing.) Pursuant t	
Note: If the date ins locument's effective					ry ming requir	ements, this d	ate will not be	nste
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Typed or printed name of signee

Filing Fee: \$25.00