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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	SENIOR G	OOD CARE HOME HEALTH	, LIMITED LIABILITY COMPANY	•
		Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		JORGE L ESCOBAR		
			Name of Person	, ,
		SENIOR GOOD CARE HO	OME HEALTH ,LIMITED LIABILI	TY COMPANY
			Firm/Company	
		2700 N MACDILL AVE, S	STE 111	
			Address	
		TAMPA FL 33607		
			City/State and Zip Code	
		seniorgoodcarehh@gmail.co	om o be used for future annual report notifica	·
		·	·	aion)
For it	irther information co	oncerning this matter, please ca	11:	
Jorge	L Escobar		813 284-5914 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclo	sed is a check for th	e following amount:		
= \$2	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)

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

SENIOR GOOD CARE HOME HEALTH, LIM		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Com	pany were filed on 08/07	/2015 and assigned
Florida document number L15000135238		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
N/A		
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		ur records, enter the name of the new
Name of New Registered Agent:	,	4,4,1
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zip Code

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 Now Registered

Page 1 of 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LESSY RODRIGUEZ	14516 EMBASSY LN	□ Add
		TAMPA FL 33613	■ Remove
			Change
Bernhalm branch and Artista			□ Add
			□ Remove
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		09/28/2015	
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cumen	t's effective date on the Departme	ent of State's records.	
	rd specifies a delayed effect Oth day after the record is	ctive date, but not an effective time, at filed.	12:01 a.m. on the earlier
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