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2016 JUN-9 PH 7: OC

M. MILLIGAN EXAMINER

JUN 15 -

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ist Independence For Florida Home Health. LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TANYA BLAKE Name of Person
Independence For Florida Home health UC
5719 Robodan Way Address
ONando FL 32806 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanya Blalle at (407) 757-5455 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigsim \frac{\bigsim}{\sigma} \frac{\bigsim}{\si

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

imited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 160302162836-8001283 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Independence for Florida Companion Ship and Minemaker. Survice The new name must be distinguishable and contain the words "Limited Flavour," the designation "LLC" or the abbreviation "LLC. 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 City

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> Name **Address Type of Action** □ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove □ Add □ Remove ☐ Change ☐ Add ☐ Remove _□ Change

,	nending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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iffec I an e	tive date, if other than the date of filing: (op flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af	otional) fter filing.) Pursuant to 605.0207
locu e re	If the date inserted in this block does not meet the applicable statutory filing requirements, to the ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 to 90th day after the record is filed.	his date will not be listed as
)ate	June, 6, 2016.	
	Signature of a member or authorized representative of a member	75 28 EF
	Typed or printed name of signce	(0) 1 Part
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	Page 3 of 3	7: 00 \$1A1E LORIGA
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Filing Fee: \$25.00