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COVER LETTER

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TO:	Registration Se Division of Co			
CUDU	At Home C	Care of South Florida, LLC		
SUBJI	sC1;	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Rodolfo Roig		ه.
			Name of Person	 6
		At Home Care of South Fl	orida, LLC	<u>ب</u> ب ب
			Firm/Company	* <u> </u>
		300 71st Street, Suite 308		
			Address	
		Miami Beach, Florida 331	41	
		DID : 42 OL	City/State and Zip Code	<u>.</u>
		RJRoig43@hotmail.com	to be used for future annual report no	Attification)
For fur	ther information c	oncerning this matter, please ca	·	onication)
Rodolf	o Roig		305 303-8434 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
		ne following amount:		
\$2:	5.00 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. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

At Home Care of South Florida, LL			
(Name of the Limit	ed Liability Compa (A Florida Limited	i <mark>ny as it now appears on our re</mark> Liability Company)	cords.)
The Articles of Organization for this Limited L. Florida document number L16000042390	ability Company	were filed on February 29,	2016 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			A FR
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation	
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		(a) 94°
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A	PM 4: 25
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			cords, <u>enter the name of the ne</u>
Name of New Registered Argent.			
New Registered Office Address:	N/A	Enter Florida street a	ddress
	N 1/A	Emer r wrau street a	——————————————————————————————————————
	N/A	City	_, Florida N/A Zio Code
		City	inp cone

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

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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
MGR	Tomas A. Guaderrama	300 71st Street, Suite 308	Add
		Miami Beach, FL 33141	Remove
			Change
MGR	Rodolfo Roig	300 71st Street, Suite 308	
		Miami Beach, FL 33141	☐ Remove
			€ Chiange
			☐ Add-
			□ Change
			□ Add
			Remove
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		***	□ Add
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ffective date, if other an effective date is listed, the listed inserted ocument's effective date	in this block does no	ot meet the applic	cable statutory fili	nore than 90 days after	ional) or filing.) Pursuant (is date will not b	 to 605.02
			ot an effective	time, at 12:01	a.m. on the ϵ	earlier o
	the record is in					
The 90th day after	The record is in	, 2016	<u></u>			
e record specifies a The 90th day after ated		, A	orized representativ			

Page 3 of 3

Filing Fee: \$25.00