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(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	-
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(D	ocument Number)	
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COVER LETTER

Division of Cor			·
Elite Home SUBJECT:	ecare Health Services		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Fritzner Charles		
		Name of Person	
	Elite Homecare Health Ser	vices	
	, , , , , , , , , , , , , , , , , , ,	Firm/Company	
	707 NE 125th street		
		Address	
	North Miami, FL. 33161		
		City/State and Zip Code	
	EliteHCHS@gmail.com		
	E-mail address: (t	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	ail:	
Fritzner Charles		786 2318678	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)

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

Elite Homecare Health Services	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we clorida document number L16000060235	ere filed on 03/25/2016 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	y company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	*
-	the state of the s
	(2) A
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<u>-</u>	ORDE 3
	>
B. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our records, enter the name of the
Name of New Registered Agent:	
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 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
AMBR	ELITE HOLDING MANAGEMEN		Add
			■ Remove
			Change
AMBR	FRITZNER CHARLES	707 NE 125TH STREET. NORTH	Add
			Remove
			Change
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amending any other							
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fective date, if other in effective date is listed, the ote: If the date inserted cument's effective date	I in this block does no e on the Department o	ot meet the applicable of State's records.	e statutory filing re	quirements, t	his date	e will no	ot be listed a
record specifies a The 90th day after			n effective time	e, at 12:01	a.m.	on th	e earlier o
05/03/2016 ted							
Frank	La				۴.	n.a ezn	
	Signature of	f a member or authoriz	ed representative of a	member	7 (7) 7 (3) 1 (4) 1 (4)		1
							n.i. grandfight.na
FRITZNER C	HARLES					1	- Industry
FRITZNER C	CHARLES	Typed or printed r	name of signee		TARY OF	- 5	

Filing Fee: \$25.00