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(Re	questor's Name)	,
(Ad	dress)	
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COVER LETTER

	egistration Se ivision of Cor			
CLID ID CO		MECARE HEALTH SERVIC	ES, LIMITED LIABILITY COMPA	NY
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Fritzner Charles		
			Name of Person	
			Firm/Company	
		707 NE 125TH STREET		
		•	Address	_
		NORTH MIAMI, FL 3316	51	
			City/State and Zip Code	
		EliteHCHS@gmail.com		
		E-mail address: (to be used for future annual report notification	ation)
For further	information co	oncerning this matter, please ca	all:	
Daniel Ate	elus		305 9029848 at ()	
	Name of	`Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	e 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:

TO:

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, LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

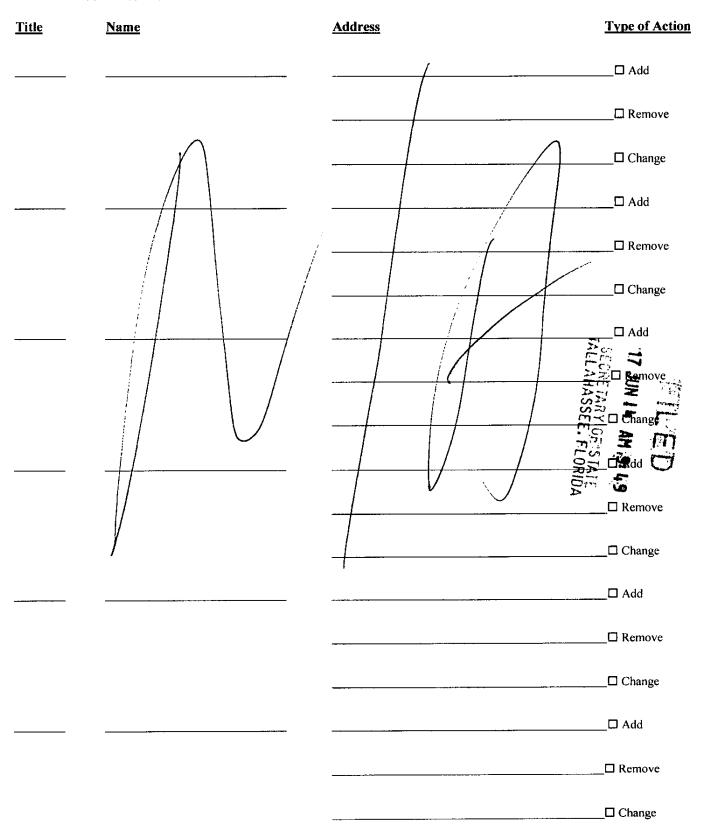
The Articles of Organization for this Limited Liability Company	were filed on 03/25/2016 and assigned
Florida document numberL16000060235	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Elite Homecare Health Services, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	ice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida sreet address Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent Signature of New Registered Agent

company has been notified in writing of this change.

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



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fective date, if	other than the date listed, the date must be sp	of filing:	ot ha prior to date	of Gling or mare th	(optio	nal)	unt to 605 0	020°
ote: If the date	inserted in this block do ive date on the Departn	oes not meet t	he applicable st	atutory filing req	uirements, this	date will no	t be listed	d as
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Filing Fee: \$25.00