

L16000062653

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17 AUG -7 PM 3:31  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 08 2017

**O: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification)

Name of Person \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

☒ \$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)

**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 Home Care Pensacola, LLC

(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 March 25, 2016 and assigned  
Florida document number L16000062653.

This amendment is submitted to amend the following:

**1. If amending name, enter the new name of the limited liability company here:**

Visiting Angels Pensacola, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

**3. 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*

*Florida*

*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**



1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This filing is to change our name back to our original name "Visiting Angels Pensacola, LLC". Please let me know immediately if there is a problem doing this.

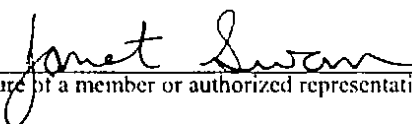
2. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
a) The date the record is filed.  
b) The 90th day after the record is filed.

Dated July 13, 2017

  
Signature of a member or authorized representative of a member

Janet Swan

Typed or printed name of signee

FILED  
17 AUG - 7 PM 3:31  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA