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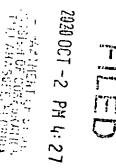
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

· FO: Registration Section Division of Corporations	
SUBJECT: Absolute Ho	ome Health Training Center, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and I	ee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
	nene Reliford Name of Person
Absolu	He Home Health Training Center, LLC
11861	N. Dixie Hwy Ste 200
Dokla	nd Park, FL 333341 City/State and Zip Code
15-1	nail address: (to be used for future annual report notification)
for further information concerning this ma	iter, please call:
Grene Relifo	at (786) 344-8953 Area Code Daytime Telephone Number
inclosed is a check for the following amou	nt:
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Certificate	
Mailing Address: Registration Section	Street Address: Pagistration Species

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Absolute Home Health (Name of the Limited Liability Compan (A Florida Limited Li	Training Cur as it now appears on our records.)	nter	<u>, L</u> L	C
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1600100463</u> .	were filed on $\frac{5 23 20}{}$	16	and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	the abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:	- NA		2021	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> 원인</u> - 13회교	8	rn furs]
			``	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	\$000 C	2 PM 4: 7	
		•	8	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of	the ne	w registered
Name of New Registered Agent:	1/A			
New Registered Office Address:	Enter Florida street address			

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.

Cin

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

Title	<u>Name</u>	Address	Type of Action
<u>CFO</u>	Gene Reliford	5463 N. State Road 7	¤Xdd
		Tamarac, 7L 33319	□Remove
			□Change
			□Add
			□Remove
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(If an ef Note:	ive date, if other than the date of filing:
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	organisate of a member of partition for the presentative of a member
	Grene Relitord