LIECOUMST!

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone A)
PICK-UP WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consisting the Fill of the Constitution of the
Special Instructions to Filing Officer:

Office Use Only



200322521892

01/02/19--01003--001 **25.00

2019 JAN - 2 P 10 15 JAN - 3 AM 8: 04

COVER LETTER

	oorations				
	meCare (Jacksonville), LLC>				
J1:	Name of Limi	ted Liability Company			
osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
eturn all correspor	idence concerning this matter t	to the following:			
	Curt Reilly				
	Johnson HomeCare (Jackson	Name of Person onville), LLC.		2019 JI	j
		Firm/Company		į š	
	7400 Baymeadows Way, S	uite 320		2 7	٦ ز
		Address		- 	
	Jacksonville, FL 32256			<u>ज</u>	
	creilly@comforcare.com	City/State and Zip Code		-	
ner information ec			rt notification)		
illy			07		
Name of	f Person		Daytime Telephone Numbe	er	
d is a check for th	ne following amount:				
.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica () Certifica	ate of Status & d Copy	
	losed Articles of Acturn all correspondence information contilly	Name of Limitosed Articles of Amendment and fee(s) are substituted all correspondence concerning this matter of Curt Reilly Johnson HomeCare (Jackson 7400 Baymeadows Way, Sacksonville, FL 32256	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. curn all correspondence concerning this matter to the following: Curt Reilly Name of Person Johnson HomeCare (Jacksonville), LLC. Firm/Company 7400 Baymeadows Way, Suite 320 Address Jacksonville, FL 32256 City/State and Zip Code ereilly@comforcare.com E-mail address: (to be used for future annual reponer information concerning this matter, please call: illy Name of Person Area Code Given the following amount: 00 Filing Fee \$30.00 Filing Fee \$\times \$30.00 Filing Fee & Certified Copy	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. cturn all correspondence concerning this matter to the following: Curt Reilly Name of Person Johnson HomeCare (Jacksonville), LLC. Firm/Company 7400 Baymeadows Way, Suite 320 Address Jacksonville, FL 32256 City/State and Zip Code creilly@comforcare.com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: filly at (Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: Curt Reilly Name of Person Johnson HomeCare (Jacksonville), LLC. Firm/Company 7400 Baymeadows Way, Suite 320 Address Jacksonville, FL 32256 City/State and Zip Code ereilly@comforcare.com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: filly Name of Person at (1) Name of Person Daytime Telephone Number d is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certificate of Status

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

(Name of the Lim	ited Liability Company as it now app- (A Florida Limited Liability Company	ears on our records.) /)
The Articles of Organization for this Limited I	iability Company were filed on :	June 21, 2016 and assigned
florida document number L16000119397	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	2019
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		77 5
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	on our records, enter the name of the
Name of New Registered Agent:	Curt Reilly	
New Registered Office Address:	7400 Baymeadows Way Suite	
		Florida street address
	Jacksonville	, Florida 32256
	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>	<u>Name</u>	Address	Type of Action
MGR	Scott Greenberg	9121 N. Military Trail Suite 216	
		Palm Beach Gardens, FL 33410	□ Add
			Remove
		7.00 0 1 200	☐ Change
Curt Ro MGR	Curt Reilly	7400 Baymeadows Way Suite 320	B Add
···		Jacksonville, FL 32256	
			C Remove
			☐ Change
MGR	Brian Veccia	5836 Ashdale Raod	20 19 Add 3
		Lake Worth, FL 33463	
			Remove
			Change
			Add
			Remove
			Change
	, <u></u>		
			Remove
			Change
			Add
			☐ Remove
			☐ Change

	 .	
		<u></u>
		·
	=1,	2019
	<u></u>	
		7
		<u>, , , , , , , , , , , , , , , , , , , </u>
	1	
		. 6
		
		<u> </u>
Fective date if other than the date of filing:	(ontiona	n
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date o ote: If the date inserted in this block does not meet the applicable stat ocument's effective date on the Department of State's records.	f filing or more than 90 days after filir utory filing requirements, this da	ig.) Pursuant to 605.02 te will not be listed a
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	fective time, at 12:01 a.m	on the earlier
nted,		
Signature of a member or authorized rep		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00