116000158802

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
,	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400289960524

09/12/16--01026--009 **55.00

16 SEP 30 PM 9: 50

0CT 0 3 2016 Y SU! KER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2016

DONTAVIUS LOGAN 11750 CANAL STREET UNIT 3-506 MIRAMAR, FL 33025 US

SUBJECT: ALLIANCE HEALTH SERVICES, LLC

Ref. Number: L16000158802

We have received your document for ALLIANCE HEALTH SERVICES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00019759

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1600 158802.	were filed on A	igust 24, ac	16 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>·e</u> :	·
Alliance Home Care Sevices, LC The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the de	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11750 Car	hal Street i	nit 3-506
(Principal office address MUST BE A STREET ADDRESS)	Mirawar,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11750 CQ Miramar,		unit 3-506
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on	our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			Co , m
New Registered Office Address:	inter Flore	ia street auw ess	55
		ar ber der dami egg	
	. 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 register 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

<u>Title</u>	Name	Address	Type of Action
	·		
•			☐ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Rèmove
			Change
			Add
			□ Remove
			☐ Change
			Add
		·	☐ Remove
			—

-	d b	are the	name	chan	ed from					
Alliance	Health	Services	LLC.	to	ged from	hone	Care	Servi	ies,	仜
	<u>,</u>	·							 -	
									<u></u>	
444	-					<u> </u>	 _			
				<u> </u>					<u>-</u>	
								37.		
				·					SEP 3	
		······································	·····				_ 	1567 - 1567 - 1578	14 O	riene k ij
									en en	19 e.v
fective date, if o	her than the	date of filin	g:		<u>.</u>	(0	ptional)			
ffective date, if of an effective date is lis ote: If the date ins	erted in this b	lock does not r Department of S	neet the app State's recor	licable sta ds.	tutory filing rec	quirem e nts,	this date	.) Pursuant will not	ලා to 605 be liste	•
ocument's effective	es a delave		,			,				
ocument's effective										
e record specific The 90th day a	fter the rec	cord is filed.	,							
e record specific The 90th day a	fter the rec	cord is filed.	,		presentative of a	member				

Page 3 of 3

Filing Fee: \$25.00