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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
CLINI		ME CARE, LLC		
SUBJI	EC1:	Name of Lin	nited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Bryan S. Kessler, Esq.		
			Name of Person	
		Berg & Kessler		
			Firm/Company	Felephone Number Il \$60.00 Filing Fee, Certificate of Status & Certified Copy
		1872 Tamiami Trail S, Sui	ite C	
			Address	190
		Venice, Florida 34293		
			City/State and Zip Code	
		bryan@bergandkessler.com E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	·	•
Bryan	S. Kessler, Esq.		941 493-0871 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	se following amount:		
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

SAMA HOME CARE, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
	01112014	
The Articles of Organization for this Limited Liability Compan	y were filed on 8/31/2016	and assigned
Florida document number 1.16000163362		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
PPG & Associates, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abb	reviation "L.L.C."
	• :	63 63 63
Enter new principal offices address, if applicable:		· (
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		<u>.</u>
		 -
Enter new mailing address, if applicable:	•	·
••		r.a.
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered		he name of the
egistered agent and/or the new registered office address he	<u>rre</u> :	
Name of New Registered Agent:		
Niver Description of Office Addition		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zm Coda

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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fective date, if other than	the date of Gliner		(opti	anall
in effective date is listed, the date	e must be specific and cannot	t be prior to date of filin	g or more than 90 days after	filing.) Pursuant to 605,020
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00