

L16000179746

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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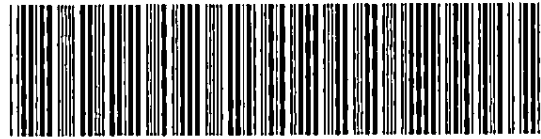
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/10/2019

Name: Chris Vick

Reference #: 1035527

Entity Name: NORTH OKALOOSA HOME HEALTH, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: [Signature]

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
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P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
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• ASIA PACIFIC HQ
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A HONG KONG LIMITED COMPANY
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103 LEIGHTON RD, CAUSEWAY BAY
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P: +852.2682.9633
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH OKALOOSA HOME HEALTH, 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 3/2/2017

Florida document number L16000179746

This amendment is submitted to amend the following:

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

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)

901 HUGH WALLIS ROAD SOUTH

LAFAYETTE, LA 70508

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

901 HUGH WALLIS ROAD SOUTH

LAFAYETTE, LA 70508

B. 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

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
<u>UGA, PRESIDENT</u>	<u>STEVEN C. GUENTHNER</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>PATRICK TODD LYLES</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>SANDRA HOGSTON</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>CATHY PEDIGO</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>JEFF REIBEL</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>DANIEL SCHWARTZ</u>	<u>9510 ORMSBY STATION ROAD SUITE 300</u>	<input type="checkbox"/> Add
		<u>LOUISVILLE, KY 40223</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADD OFFICERS: PRESIDENT - KEITH G. MYERS

901 HUGH WALLIS ROAD SOUTH LAFAYETTE, LA 70508

ADD OFFICER: TREASURER - JOSHUA L. PROFFITT

901 HUGH WALLIS ROAD SOUTH LAFAYETTE, LA 70508


E. 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:
(b) The 90th day after the record is filed.

Dated 1/9, 2019



Signature of member or authorized representative of a member

Joshua L. Proffitt

Typed or printed name of signer

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TALLAHASSEE, FL