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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ADVENTHEALTH Account Number : 1200500000005 Phone : (407)357-2333 Fax Number : (407)357-2717

Enter the email address for this business entity to be used for future annual report mailings. Finter only one email address please.

Email Address: corp.legal @adventhealth.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRINCETON HOMECARE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Princeton Homecare Services, LLC	
(Name of the Limited Liability Company as It now non (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	October 12, 2016 and assigned
Florida document number L16000188963	
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 Lizoility Company," the	ne designation "LLC" or the atibreviation "L.L.C."
Enter new principal offices address, if applicable:	APR
(Principal office address MUST BE A STREET ADDRESS)	27
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter	Floridu 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 hability 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Alternate Solutions Healthcare	1251 E. Dorothy Lane	DAdd
		Kottering, Ohio 45419	Remove
			Change
AMBR	Princeton Professional Services, Inc	601 E. Rollins Street	■Add
		11th Floor Executive Offices	□Remove
		Orlando, FL 32803	□ Chắnge ટ્રે
			□ Chánge 2023 APR
			Remove #
		· · · · · · · · · · · · · · · · · · ·	□Add
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			□Remove
		<u>-</u>	□ Change

Healthcare of Central Florid	la, LLC, an Ohio limited liability company, sold all r	ights, title an interest to
buyer Princeton Profession	al Services, Inc., a Florida not-for-profit corporation.	The new sole member of
Princeton Home Care Servi	ces, LLC is Princeton Professional Services, Inc.	
		25
fective date, if other than th	e date of filing:	(optional)
n effective date is listed, the date m	ust be specific and cannot be prior to date of filing or more the block does not meet the applicable statutory filing rec	han 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 s.m. on th	ne earlier of: (b) The 90th day after the
ited April 27,	-LB.	·
	LB.	

Filing Fee: \$25.00

Typed or printed name of signee