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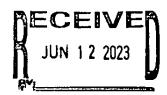
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GLORYLAND OF BOYNTON HOME CARE, LLC

(<u>Name of the Lin</u>	(A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Florida document number <u>L16000192262</u>	and assigned		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
THE DIADEMS HOME HEALTH SERVICES.	, LLC		
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	2
(Mailing address MAY BE A POST OFFICE BOX)			
to a series with the first of the series of	<u>L'BOA)</u>		
B. If amending the registered agent and/or	registered offic	ee address on our records, <u>enter the</u>	name of the name of the name with th
agent and/or the new registered office addr	ess nere:		H
Name of New Registered Agent:	N/A	<u> </u>	
New Registered Office Address:		the transfer of the transfer o	
		Enter Florida street address	
		Florid	
		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 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
	N/A 	N/A	
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s.605.0202 (2)(d), Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- > If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- The fees are as follows: \$25.00 Filing Fee

\$25.00 Filing Fee \$30.00 Certified copy (optional) \$ 5.00 Certificate of Status (optional)

Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.