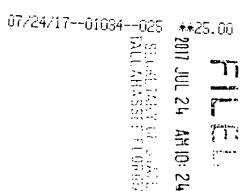
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Office Use Only



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J. HARRIS

COVER LETTER					
TO:	Registration Section Division of Corpora				
CHDf	ECT:	Total Family Name of Limit	Dr Home	Care LL	<u></u>
SUN	KC1.	Name of Limit	ed Liability Company		
		ndment and fee(s) are subm			
	_	P	Strick Sto	aab	
	-	Total Famil			.C
	-	740 NW	Address A	<u>.                                    </u>	
	-	<u>Coconut</u> Pst	Address  Creek FL  City/State and Zip/Code  aab 1911 @ gme o be used for future annual	33066 ail (com	2
17 A	-	E-mail address: (to		report notification	1)
ror 1	Patrick		at ( 954 )	214-4	932
F	Name of Pe		Area Code	Daytime Telep	phone Number
	/	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Division of P.O. Box (	of Corporations	Registra Division Clifton I	T/COURIER Ation Section of Corporation Building	s

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10,	,	Home Care			
( <u>Name of the Limited I</u> (Λ	Liability Company as Torida Limited Liabi	s <b>it now appears on o</b> lity Company)	our records.)		
		1	ł		
The Articles of Organization for this Limited Liabi	lity Company wer	e filed on7/3	20/17	and assign	èd
Florida document number <u>L179001555</u>	13	•	•		
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability	company here:			
The new name must be distinguishable and contain the word	s "Limited Liability C	Company," the designa	ation "LLC" or the at	obreviation "L.L.C.	<del></del>
Enter new principal offices address, if applicable	e: _				
(Principal office address MUST BE A STREET A				2017 1.3.1	
				<u></u>	
				)L 2	CANDIDA.
en e				- SSI - 2-	•
Enter new mailing address, if applicable:	_	<del></del>		- E	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> _			<del>-</del> -	پہ۔
	_				
B. If amending the registered agent and/or	maistand office	address on our	· records enter		the new
registered agent and/or the new registered offic	e addres <u>s here</u> :		records, <u>enter</u>	the name of	
Name of New Registered Agent:	Patri	CK Staal  NW 44th  Enter Floridus  City	<b>.</b>		
Name of New Registers (155m).	7/10	A ( /Juth	Λ		
New Registered Office Address:	190	Enter Florida si	reet address		<u>_</u>
	C C	~0 K		32 D( (.	
	COGNOT	Circ	, Florida	Zip Code	
N. D. J. J. Laurette Clausetone (Cabanging Decomp	istand Agent:	Ï		•	
New Registered Agent's Signature, if changing Reg				,	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete pe ered agent as pro gistered office ad	rformance of my wided for in Chap	duties, and I am pter 605, F.S. Or	familiar with a r, if this docume	ınd

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> □ Add ☐ Remove □ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Remove ☐ Change 117 July 24 24 A Remove \_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<del>_</del>
	_
	<del></del>
	<u></u>
	<del>-</del>
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	<b></b>
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 document's effective date on the Department of State's records.	listed as the
document a check to date on the property of	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	ırlier of:
(b) The 90th day after the record is filed.	
Dated July 20th 2017	
art /th	
Signature of a member or authorized representative of a member	2017
	<u>`</u> ≒ . "
Patrick Staab  Typed or printed name of signee	724
	22
	724 AH 10: