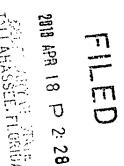
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COYER LETTER @

	n Section Corporations		
ED SUBJECT:	HOME HEALTH LLC		
	Name of Limited Liability Company		
	espondence concerning this matter to the following:		
	DARYA EDEN PERRY		
	Name of Person		
Name of Person EDEN HOME HEALTH LLC Firm/Company 5418 NEFF LAKE RD			
	5418 NEFF LAKE RD		
	Address		
	BROOKSVILLE, FL 34601	× 28	
	City/State and Zip Code	2018 APR 18	
	EDENHOMEHEALTHLLC.COM	3	
	E-mail address; (to be used for future annual report notification)	PR 18 F	
For further inform	on concerning this matter, please call:	יין ס ייי	
DARYA EDEN	at ()	2: 2	
		o o	
Enclosed is a che	For the following amount:		
■ \$25.00 Filing	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate of S		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDEN HOME HEALTH LLC					
(Name of the Lin	nited Liability Comp (A Florida Limited	pany as it now appears or I Liability Company)	our records.)		
The Articles of Organization for this Limited	-	y were filed on 12/04/	2017	and assig	gned
Florida document number L17000247262	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
EDEN HOME HELPERS LLC					
The new name must be distinguishable and contain the	words "Limited Lial	vility Company," the design	nation "LLC" or the at	breviation "L.I.	.C."
Enter new principal offices address, if appl	N/A				
Principal office address MUST BE A STRE	ET ADDRESS)				
				- 21	
Enter new mailing address, if applicable:		N/A		2018	***************************************
Mailing address MAY BE A POST OFFICI	E BOX)			: P	
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			رسا ار		111
3. If amending the registered agent an					f the nev
egistered agent and/or the new registered	office address he	<u>ге</u> :	: 10 []	, >	
	N/A		T.		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
<u>-</u>		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

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** _ Add _□ Remove _□ Change □ Add □ Remove ☐ Change □ Add Remove **⇒ ⊡**Chang □JAdd ら Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00