

LIB000002818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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AUG 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.R.O.A.D. Home Health Agency, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raquel Lizzul

Name of Person

J.R.O.A.D. Home Health Agency, LLC

Firm/Company

1750 N. University Drive, Suite 216

Address

Coral Springs, Florida 33071

City/State and Zip Code

rlizzul@visitingangels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raquel Lizzul

954 688-9342
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.R.O.A.D. Home Health Agency, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 3, 2018

Florida document number L18000002818

This amendment is submitted to amend the following:

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

N/A

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:

1750 N. University Drive, Suite 216

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, Florida 33071

Enter new mailing address, if applicable:

1750 N. University Drive, Suite 216

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs, Florida 33071

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:

1750 N. University Drive, Suite 216

Enter Florida street address

Coral Springs

City

Florida 33071

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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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 July 23, 2018 9

Signature of a member or authorized representative of a member

Raquel Lizzul

Typed or printed name of signee