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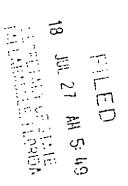
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COVER LETTER

TC		ration Section of Corpo					
		R.O.A.D. He	ome Health Agency, LLC				
SUBJECT: Name of Limited Liability Company							
Th	e enclosed Ai	nicles of An	nendment and fee(s) are subm	itted for filing.			
Plo	ase return all	corresponde	ence concerning this matter to	the following:			
			Raquel Lizzul				
			· · · · · · · · · · · · · · · · · ·	Name of Person	·		
			J.R.O.A.D. Home Health Ag	gency, LLC			
				Firm/Company	<u>-</u> -		
1750 N. University Drive, Suite 216							
				Address			
			Coral Springs, Florida 3307	1			
				City/State and Zip Cod	le		
		_	rlizzul@visitingangels.com				
			E-mail address: (to	be used for future annu	al report notification	on)	
For	r further infor	mation conc	erning this matter, please cal	l:			
Ra	iquel Lizzul			954 6	688-9342		
Name of Person			rson	Area Code	Daytime Tel	ephone Number	
En	closed is a ch	eck for the f	ollowing amount:				
	\$25.00 Filin	g Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is c		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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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 Li

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny a <mark>s it now appears on our re</mark> Liability Company)	eords.)		
The Articles of Organization for this Limited L. Florida document number L18000002818	iability Company	were filed on January 3, 20	are assigned		
This amendment is submitted to amend the following	owing:		7 A E		
A. If amending name, enter the new name o	f the limited liab	llity company here:	5: 49 DRIDA DRIDA		
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	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,	50 N. University Drive, Suite 216		
(Mailing address MAY BE A POST OFFICE	BOX)	Coral Springs, Florida 330	71		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			ords, enter the name of the nev		
Name Pagistared Office Address	1750 N. University Drive, Suite 216				
New Registered Office Address:		Enter Florida street ad	ldress		
	Coral Springs		. Florida <u>33071</u>		
		City	Zip Code		
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is		
	If Chan	ging Registered Agent, <u>Signat</u>	ure 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> Address **Type of Action** Name □ Add _□ Remove _□ Change □ Remove ₫ Change άi ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change

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fective date, if other than th	ne date of filing	:		(op	otional)	
an effective date is listed, the date mote: If the date inserted in this	block does not me	eet the applicabl	date of filing or me e statutory filing	re than 90 days at ; requirements, t	tter filing.) Pursua this date will no	int to 605,020 It be listed as
ocument's effective date on the	Department of St	ate's records.				
			FF			4.
		ate, but not a	in effective ti	me, at 12:0.	La.m. on the	e earlier o
	ecord is filed.					
e record specifies a delay. The 90th day after the re	ecord is filed.					
The 90th day after the re	ecord is filed.	2018	. 0			
	ecord is filed.	2018				
The 90th day after the re	Signature of a m	Zi zz	ed representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00