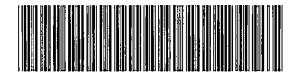
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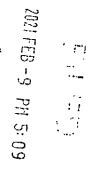
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: NORTH FLORINA HCMECARE, 710 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:
JONYA WILLIAMS  Name of Person
NORTH FLORIDA HOMECARE, LLC Firm/Company
84 DRUDENTIAL DRIVE, PUITE 1200
JACKJONVILLE FL 32207 City/State and Zip Code
northfloridahomecarea) amail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonga Williams' at (904) 200-6721  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202

NORTH FLOREDA HOMECA (Name of the Limited Liability Compa (A Florida Limited I	ARE, LLC ny as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIBCOOO55973</u>	were filed on $03/02/2018$ and assigned $\frac{1}{2}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<del></del>
NORTH FLORTDA HOME CA The new name must be distinguishable and contain the words "Limited Liabil	RE, LLC ity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	841 PRUDENTIAL DRIVE, SUITE 1200 JACKSONVILLE, FL 32207
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	841 PRUDENTIAL DRIVE, SYITE 1200 JACKSONVILLE, FL 32207
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: JONYA	WILLIAMS
New Registered Office Address: 841 PRU	DENTIAL DRIVE, SUITE 1200  Enter Florida street address
JACKSO	NVILLE, Florida 32207  City Zip Code
Non-Desistered Agents Constant of the state Desistant Asset	·

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>	Name	Address	Type of Action
WNER	JONYA WILLIAMS	841 PRUDENTIAL DRIVE,	Z∕∧dd
		SUITE 1200	□Remove
		JACKSONVILLE, FL 32207	□Change
	SONYA WILLIAMS	B41 PRUPENTIAL DRIVE,	D'Àdd
Manager		SUTTE 1200	□Remove
		JACKJONVILLE, FL 32207	Change
	SCHYA WILLIAMS	84 PRYSENTEAL DRIVE,	ZIAdd
wthorized wemher		SUITE 1200	□Remove
		JACKJONVILLE, FL 3000	□Change
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