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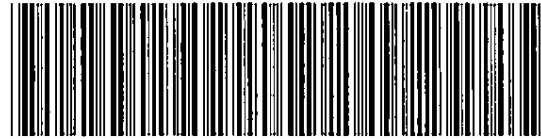
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2023 AUG 1 PM 11:30
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 911776 4806334

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 31, 2023

ORDER TIME : 8:14 AM

ORDER NO. : 911776-010

CUSTOMER NO: 4806334

DOMESTIC AMENDMENT FILING

NAME: QUALITY HOME HEALTH SERVICES,
LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
XX RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: _____

2023 AUG 1
D S

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION OF
QUALITY HOME HEALTH
SERVICES, LLC**

The undersigned, desiring to amend and restate the original Articles of Organization of Quality Home Health Services, LLC, which were filed on May 25, 2018 with the Department of State of the State of Florida (the "**Department**"), does hereby file with the Department the following Amended and Restated Articles of Organization (the "**Articles**") in accordance with the provisions of the Florida Revised Limited Liability Company Act, Fla. Stat. § 605.0101, *et seq.* The Articles are hereby amended and restated in their entirety as follows:

1. The name of the limited liability company is Quality Home Health Services, LLC.
2. The mailing address and street address of the principal office of the limited liability company is 15050 NW 79th CT Suite 201, Miami Lakes, FL 33016.
3. The duration of the limited liability company is perpetual.
4. The name and the Florida street address of the registered agent is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301-2525.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

Alexis Weiland-Sorenson, ACP

Registered Agent's Signature

Name:

Title:

5. The limited liability company is manager-managed. The names of the initial managers authorized to manage and control the limited liability company are Jonathan Lane, David Cwiertnia, and Jeffrey Soffen (collectively, the "**Initial Managers**"). The address of the Initial Managers is 15050 NW 79th CT Suite 201, Miami Lakes, FL 33016.
6. The effective date of these Articles of Organization is July 31, 2023.

DocuSigned by:

Jonathan Lane

D71CE0C2F173473

Jonathan Lane, Authorized Person

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)