

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 DEC 30 PM 4:53

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUALITY HOME HEALTH SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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COVER LETTER**TO: Registration Section
Division of Corporations****H24000426273****SUBJECT:** Quality Home Health Services, 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:

Donna Meyer

Name of Person

FPPS-Florida, LLC

Firm/Company

9011 MOUNTAIN RIDGE DRIVE, SUITE 130

Address

AUSTIN, TEXAS 78759

City/State and Zip Code

dmeyer@fppsolutions.com>

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

For further information concerning this matter, please call:

Donna Meyer

Name of Person

at (925) 667-6972

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**H24000426273**

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

H24000426273

Quality Home Health Services, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 25, 2018 and assigned
Florida document number L18000131743.

This amendment is submitted to amend the following:

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

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:

2221 North University Drive, Suite B

(Principal office address MUST BE A STREET ADDRESS)

Pembroke Pines, Florida 33024

Enter new mailing address, if applicable:

2221 North University Drive, Suite B

(Mailing address MAY BE A POST OFFICE BOX)

Pembroke Pines, Florida 33024

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:

Capitol Corporate Services, Inc.

New Registered Office Address:

515 East Park Avenue 2nd Floor

Enter Florida street address

Tallahassee

City

, Florida 32301

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.



Kim Tadlock, as Asst. Secretary on
behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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In 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Caregiver Services, Inc.	10451 N.W. 117th Avenue, Suite 110	<input type="checkbox"/> Add
		Miami, Florida 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FPPS-Florida, LLC	9011 Mountain Ridge Drive, Suite 130	<input checked="" type="checkbox"/> Add
		Austin, Texas 78759	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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.

Dated December 30, 2024

Don Manuccia
Typed or printed name of signee

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