## L18000132574

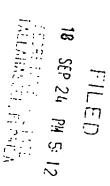
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## **COVER LETTER**

	stration Sec sion of Corp			
SUBJECT:	Home Care	e Partners of Florida, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Steven Imparato		
			Name of Person	
		Steven Imparato    Steven Imparato   Steven Imparato		
		Boca Raton, FL 33431	Address	
		steven@ki-law.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for fiture annual report no	titication)
For further int	ormation co	oncerning this matter, please ea	all;	
Steven Impa	Name of Person   Firm/Company			
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$25,00 Fil	ing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Home Care Partners of Florida, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records Lability Company)	_)
The Articles of Organization for this Limited Liability Compan	y were filed on May 29, 2018	and assigned
Torida document number L18000132574		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	-	Sp. Inc.
		m = m
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3 <b></b>
		* 2
s. If amending the registered agent and/or registered ogsistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	Flo	rida Zip Code
		ray v view

## 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
AMBR	Stacey Suche	185 NW Spanish River Blvd.	
		Ste. 240	Add
			□ Remove
		Boca Raton, FL 33431	Change
	<del></del>		
			□ Remove
			□ Change
			Oskemore:  2 Change
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document's effectiv	e date on the Depar	tment of State's	records.				
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b) The 90th day	after the record	is filed.	out not an e	mective time	, at 12.01	a.iii. Oii Gie	: earner
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Filing Fee: \$25.00