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Special Instructions to	Filing Officer:	

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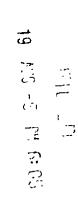


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COVER LETTER

TO:	Registration So Division of Con		2 .	y di
SUBJE		Partners of Florida, LLC		
асил		Name of Lin	aited Liability Company	
The en	elosed Articles of	Amendment and fee(s) are sub	omitted for liling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Steven Imparato, Esq.		
			Name of Person	
			Firm/Company	
		4651 N. Federal Hwy.		
			Address	
		Boca Raton, FL 33431		
		admin@hepflorida.com	City/State and Zip Code	
		E-mail address: {	to be used for future annual report notif	ication)
For fur	ther information c	concerning this matter, please c	all:	
Steven	Imparato		561 289-1588 at ()	
	Name c	t Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for t	he following amount:		
■ \$25	5.00 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

3.

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 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 $\frac{05/29/2018}{1.1}$ and assigned Florida document number $\frac{1.18000132574}{1.18000132574}$ 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 "LabC." 4651 N. Federal Hwv. Enter new principal offices address, if applicable: Boca Raton, FL 33431 (Principal office address MUST BE A STREET ADDRESS) 4651 N. Federal Hwy. Enter new mailing address, if applicable: Boca Raton, FL 3343 E (Mailing address MAY BE A POST OFFICE BOX) 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: Steven A. Imparato, Esq. Name of New Registered Agent: 4651 N. Federal Hwy. New Registered Office Address: Enter Florida street address Boca Raton

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Remove

_____ Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cumon be prior to date of filing or more than 90 days after filing.) Pursuant to 605 9207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filled.		nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00