

# L180000136738

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(City/State/Zip/Phone #)

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(Business Entity Name)

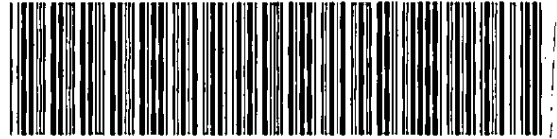
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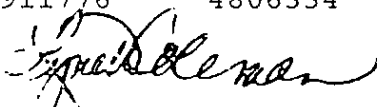
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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

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ORDER DATE : July 31, 2023  
ORDER TIME : 8:13 AM  
ORDER NO. : 911776-005  
CUSTOMER NO: 4806334

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DOMESTIC AMENDMENT FILING

NAME: HEALTH MED HOME CARE, 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: \_\_\_\_\_

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION OF  
HEALTH MED HOME CARE, LLC**

**FILED**

**2023 AUG -1 AM 10: 59**

The undersigned, desiring to amend and restate the original Articles of Organization of Health Med Home Care, LLC, which were filed on June 5, 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 Health Med Home Care, 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-Jensen, 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 Cwiernia, 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*

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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.)