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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

Division of Corporations Due Season Home Health Agency of Miami LLC SUBJECT: _ 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: Lesa Jacobs Name of Person Due Season Home Health Agency of Miami, LLC Firm/Company 201 East Livermore Drive, Address Pembroke, NC 28372 City/State and Zip Code lesa.jacobs@nativeangels.biz E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lesa Jacobs Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Due Season Home Health Agency Miami LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our records.) ompany)
the Articles of Organization for this Limited Liability Company were file	ed on July 9, 2018 and assigned
lorida document number 1.18000165630	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
Due Season Homecare Agency of Miami LLC	
he new name must be distinguishable and contain the words "Limited Liability Compar	ny," 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)	្ ទី ៣
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Mailing address MAY BE A POST OFFICE BOX)	
	10
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	90 S
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	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.

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
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July 9, 20	018	
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be pri	(optional) rior to date of filing or more than 90 days after filing.) Pursuant	to 605.
: If the date inserted in this block does not meet the appointent's effective date on the Department of State's record	licable statutory filing requirements, this date will not b	
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ecord specifies a delayed effective date, but ree 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the ϵ	earlie
d 11/7/18 Virgua B. Walken Signature of a member or au		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00