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SECRETARY OF STATE FALL AHASSEE, FLORIDA

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## **COVER LETTER**

SUBJECT:	Home Hea	1th Check	
	Name of Lim	ited Eiability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	_	•	
	Christ	-ma pawlak	
	Division of Corporations  Home Health Check Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for tiling.  ser return all correspondence concerning this matter to the following:  Christing Dawlak Name of Person  Firm Company  1084 Coral Club Da  Address  Coral Spergs Fl 33001  Christing Ode  Christing Pode  Christing Company  Ity State and in Coral Company  Christing Company  Company  Company  Coral Spergs Fl 33001  Christing Code  Christing Code  Christing Company  Comp		
		Firm/Company	
	1084- (	Poral Club Di	C
	Fire Company  1. Home Health Check Name of Limited Liability Company  sed Articles of Amendment and feets) are submitted for filing.  arm all correspondence concerning this matter to the following:  Christing Dawlak Name of Person  Fire Company  1084 Coral Club Dr  Address  Coral Speings Fl 33011  Christing Down Incensing a Com  Remail address (to be feet for lattre annual report notification)  r information concerning this matter, please call:  has been for the following amount:  Sa check for the following amount:  Defing Fee Secretified Copy  Saddisonal copy is enclosed)  Selectified Copy  Selecti		
	Home Health Check  Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Christina Dawlak  Name of Person  Firme Company  1084 Coral Club Dr.  Address  Coral Speings Fl 33001  Christina and Jip Code  Christina Depharm I Censing a Com  E-mail address: (to be feed for future annual report notification)  information concerning this matter, please call:  Mistrica Translation and Code  Name of Person  a check for the following amount:  Filing Fee		
Firm Company  1084 Coral Club DR  Address  Coral Speings F1 33071  Christian and in Code  Christian Department Censing a Code  Christian address: (to be used for further annual report notification)  For further information concerning this matter, please call:  Christian Rawlak at (Sd.) 215 5067	licensing, com		
For further information co	oncerning this matter, please ca		-
Christ	wa fawla	K , 54, 215;	5067
Name of			Telephone Number
Enclosed is a check for th	e following amount:		
0/	_	□ \$55.00 Filing Fee &	☐ S60 00 Filing Fee
,		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Health	Check LLC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000188673</u>	were filed on $\frac{8/7/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Lunited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	>6
(Principal office address MUST BE A STREET ADDRESS)	
	<u>#5_                              </u>
	24 24
Enter new mailing address, if applicable:	<u>" e  ≥ ∏</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	50 See 50
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
No. B. Carrie A. A. Carrier and Carrier an	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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. Thereby 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>	<u>Name</u>	Address	Type of Action
<u> Uem Mac</u>	Alvin W. Madison	8401 Lake Worth	Add
J		#215	□ Remove
		#215 LakeWorth F1 334/6	7□ Change
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fective date, if other than the date of filing:	(optional) more than 90 days after filing.) Pursua	int to 605.020
ote: If the date inserted in this block does not meet the applicable statutory fili- ocument's effective date on the Department of State's records.	ing requirements, this date will no	1 be listed a:
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the	earlier o
ated August 21 .008		
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