

190000 65894

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND  
FILED  
2019 MAY 20 AM 10:00  
TOLSON STATE  
INTEGRITY

T GLASS

MAY 20 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amendments for Affinity Home Healthcare, LLC  
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:

Ranon Altman

Name of Person

Affinity Home Healthcare, LLC

Firm/Company

1155 Brickell Bay Drive, Apt. 2206

Address

Miami, FL 33131

City/State and Zip Code

raltman@affinityhomecare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ranon Altman

Name of Person

at ( 561 ) 613-3626

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

APPROVED  
AND  
FILED  
2019 MAY 20 AM 10:00  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affinity Home Healthcare, 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 March 7, 2019 and assigned Florida document number L19000065894.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

100 E Sample Rd., Suite 330

Enter Florida street address

Pompano Beach

City

Florida 33064

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lev Altman	100 E Sample Rd., Suite 330, Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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MAY 20 10:00 AM  
2019

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Amending principal office address of Affinity Home Healthcare, LLC to 100 E Sample Rd., Suite 330,  
Pompano Beach, FL 33064

APPROVED  
AND  
FILED

2019 MAY 20 AM 10:00

CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 20 , 2019

*Ranon Altman*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ranon Altman

\_\_\_\_\_  
Typed or printed name of signee