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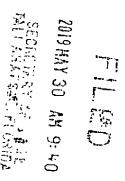
(Requestor's Name)
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(Document Number)
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COVER LETTER

on na mark	Adjuvah Hor	ne Health LLC			
UBJECT: Name of Limited Liability Company					
The enclosed	d Articles of A	umendment and fee(s) are subr	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Erika Carter			
	Name of Person Adjuva Home Health LLC Firm/Company 19046 Bruce B Downs Blvd #61				
		19046 Bruce B Downs Blvd		Telephone Number \$60.00 Filing Fee, Certificate of Status &	
		Tampa, FL 33647	Address		
		erika.carter@adjuvahh.com	City/State and Zip Code		
For further i	nformation co	E-mail address: (to matter, please ca	o be used for future annual report notificall:	ation)	
Erika Carter			813 995-8803 Ext.		
	Name of	Person	Area Code Daytime	Felephone Number	
Enclosed is a	a check for the	e following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adjuva Home Health, LLC		
(<u>Name of the Limited</u>	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab	bility Company were filed on March 20, 2019	and assigned
Florida document number 1.19000070333	.	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Adjuva Health LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		274
Enter new mailing address, if applicable:		2018
(Mailing address MAY BE A POST OFFICE B	<u> </u>	THE TOTAL PROPERTY OF THE PROP
		ω =
B. If amending the registered agent and/o	r registered office address on our record	s, enter-the name of the nev
registered agent and/or the new registered offi	ce address here:	9:40
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre.	N.S.
	. FI	lorida
	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>	<u>Name</u>	Address	Type of Action
AMBR	Erika Carter		□ Add
		19046 Bruce B Downs Blvd #61	
		Tampa, FL 33647	■ Remove
			□ Change
	Erika Carter	19046 Bruce B Downs Blvd #61	
CEO		Tampa, FL 33647	Add
			☐ Remove
		- <u> </u>	Change
AMBR	Kayla Anderson		□ Add
	***********	19046 Bruce B Downs Blvd #61	
		Tampa, FL 33647	■ Remove
			Change
P	Kayla Anderosn	19046 Bruce B Downs Blvd #61 Tampa, FL 33647	
			= Add
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			Change
AMBR	Adjuvant Health, Inc	19046 Bruce B Downs Blvd #61 Tampa, FL 33647	ASS ■ AND THE STATE OF THE STA
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ffective date, if other than the fan effective date is listed, the date mu <u>Fote:</u> If the date inserted in this b ocument's effective date on the E	st be specific and cannot be p lock does not meet the app	plicable statutory f	r more than 90 days after	ional) er filing.) Purs is date will	suant to 6 not be li	605.02 isted
e record specifies a delaye The 90th day after the rec		not an effectiv	e time, at 12:01	a.m. on t	:he ear	rlier
ated May 28	2019					
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Page 3 of 3

Filing Fee: \$25.00