## 119000153163

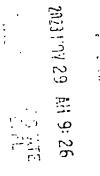
(Requestor's Name)
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Special Instructions to Filing Officer:

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## **COVER LETTER**

	ration Secon on of Corp					
	ealthy Hor	ne First Home Health Agency	LLC			
SUBJECT:		Name of Lim	ited Liability Compar	ıy	<del></del>	
The enclosed As	rticles of z	Amendment and fee(s) are sub	mitted for filing.			
Please return all	correspoi	ndence concerning this matter	to the following:			
		Susan Valocchi				
			Name of Perso	on		-
		Healthy Home First Home	Health Agency LL	С		
			Firm/Compan	у		-
		2999 N. 44th St. Ste 100				
			Address			-
		Phoenix, AZ 85018				
			City/State and Zip	Code	<del></del>	-
		svalocchi@tshc.com				
		E-mail address: (	to be used for future a	annual report r	notification)	25
For further infor	rmation co	oncerning this matter, please ca	all:			
Susan Valocchi			602	288-4059		2023 1:04 29
	Name of	Person	at (at (	e Day	time Telephone Number	•
Enclosed is a ch	eck for th	e following amount:				FA 9: 27
<b>■</b> \$25.00 Filir		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	ру	Certified	iling Fee.
Regis Divisi		ection orporations	Re Di		Section Corporations	
P.O. I	3ox 632°	7	Th	e Centre o	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Home First Home Health Agency LLC		<del></del>
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 6/10/2019	and assigned
lorida document number L19000153163		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	O" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		. 22
		73
		1 4 cm 141
. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here:		
		는 영 구화 2
Name of New Registered Agent:		23: 2
New Registered Office Address:		1
	Enter Florida street addres	SS
	,,,,	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
Secretary.	Susan Valocchi	4938 E. Camelback Rd	
		Phoenix, AZ 85018	≣Remove
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			□Add
			□Remove
		·	□ Change
			□Add
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		11/20/2023		ب .	٠,
te: If the date in	serted in this block do-	ceific and cannot be prior to de ses not meet the applicable sent of State's records.	ate of filing or more than 90 da statutory filing requiremen	ys after filing.) Pursuant to 60 nts, this date will not be lis	5.020 ted a
cord specifies a s s filed.	delayed effective date.	but not an effective time,	at 12:01 a.m. on the earlier	r of: (b) The 90th day afte	er the
red	- il /2	2023			
-					