L19000155927

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SECREPART SEAR E TALLARASSES FLORIDA

19 DEC | 6 AM 9: 08

Amend

JAN 1 7 2020 I ALBRITTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

UNITED LABOR HOME HEALTHCARE LLC (Name of the Limited Liability Company as it now appears on our records.)

ARTICLES OF (ORGANIZATION 🝃 🦼
C	OF See See
UNITED LABOR HON	ME HEALTHCARE LLC
(Name of the Limited Limited Limited (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	ORGANIZATION OF ME HEALTHCARE LLC any as it now appears on our records.) Liability Company) were filed on 06/12/19 and assigned
Florida document number L19000155927	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2424 N Federal Highway Suite 105
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton FL 33431
. +	
Enter new mailing address, if applicable:	2424 N Federal Highway Suite 105
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging 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
MGR	Taneka English	6481 Enclave Way	
		Boca Raton, FL 33496	☑ Remove
			☐ Change
			Add
			Remove
		· · · · ·	Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
		_	Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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	<u> </u>
	
(If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/21/19
	1/2/2
	Signature of a member or authorized representative of a member
	Robert Katz
	Typed or printed name of signee

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Filing Fee: \$25.00