## 49000158899

	(Requestor's	Name)		_
	(Address)			_
	(Address)			_
	(City/State/Zi	p/Phone #)		_
PICK-UP		TIAW	MAIL	
	(Business En	tity Name)		_
	(Document N	umber)		
Certified Copies	_ c	ertificates of	Status	
Special Instructions to	Filing Officer	:	-	





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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

	Health Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rebecca Heath		
		Name of Person	
	NovaCare Health Services	, 1.I.C	
		Firm/Company	
	3501 W. Vine St., Ste. 338	}	
		Address	
	Kissimmee, Fl 34741		
		City/State and Zip Code	·····
	rebecca.heath@heathinfusio		
	E-mail address: (	to be used for future annual report non	fication)
For further information c	oncerning this matter, please ca	all:	
Rebecca Heath		407 780-4074	
Name of Person Area Code Daytim		e Telephone Number	
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	:7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NovaCare Health Services, LLC		2021 ==	
NovaCare Health Services, LLC  (Name of the Limited Liability Comparation (A Florida Limited L	ny as it now appears on our rec lability Company)	iordeller FB 26 PH 3: 05	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{119000158899}{119000158899}$ .		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:		
Nova Nursing & Infusion Services, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	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:		<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		A di Calana di Calana	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered	
Name of New Registered Agent:			
Naw Pavistared Office Address:			
New Registered Office Address:	Enter Florida street ad	dress	
	, Florida		
	City	Florida Zip Code	
$\underline{\underline{New\ Registered\ Agent's\ Signature,\ if\ changing\ Registered\ Agent:}}$			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as point filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			DAdd
			□Remove
			Change
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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable	statutory filing requirements, I	his date will not be listed as the
	date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
ord is filed.	2024		
the record specifies a delayed effective of cord is filed.  Dated February 17  Rebacca He			
Dated February 17	sth ignature of a member or authorized	d representative of a member	

Filing Fee: \$25.00