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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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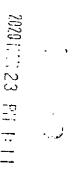
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## **COVER LETTER**

TO: - Registration Section **Division of Corporations** OMI HOME HEALTH SERVICES, LLC. SUBJECT: 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: LORELEY D. SIMON Name of Person OMEHOME HEALTH SERVICES, LLC. Firm/Company 3165 NW 48 TERRACE Address MIAMI, FL 33142 City/State and Zip Code LORE315@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LORELEY D. SIMON 786 543-7228 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **\$30.00** Fiting Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

. . . . . .

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMI HOME HEALTH SERVICES, LLC.

2020117123 FM 1:11

(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		and assigned
Florida document number 1.20000073014	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>ente</u> :	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, F	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 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	SIMON, LORELEY D	3165 NW 48 TERRACE, MIAMI, FL 33142	<b>=</b> Add
			□Remove
			□Change
P SIMON, LORELEY D	SIMON, LORELEY D	3165 NW 48 TERRACE, MIAMI, FL 33142	□Add
			Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffoot	ive date, if other than the date of filing:(optional)
an efi lote:	ive date, if other than the date of filing:
recor Lis fi	d 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 led.
	MARCH 11 2020 1
ated	ton of the same of
	Signature of a gnember of authorized representative of a member
	LORELEY DISIMON
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