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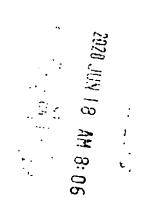
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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AUG 0 4 2020 S. YOUNG

## COVER LETTER

TO:

Registration Section

Division of	Corpor	rations			
CUDIECT.		Neo Home	e Health LLC		
SUBJECT:		Name of Limited Liability Company			
The enclosed Article	s of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corr	esponde	ence concerning this matter	to the following:		
			Neilrock Paz		
		Name of Person			
		Neo	Home Health LLC		
			Firm/Company		
		815 North Main Street, Suite C			
		77.1	Address		
		Kis	Simmee,FI,34744  City/State and Zip Code		
		adn	nin@neohomehealth.c	com	
	-	E-mail address: (	to be used for future annual report noti	fication)	
For further informati	ion conc	erning this matter, please ca	all:		
Neilrock Paz		at (407) 590-497			
Na	une of Pe	rson	Area Code Daytim	e Telephone Number	
Enclosed is a check to	for the f	ollowing amount:			
<b>≱</b> \$25.00 Filing Fe	ce i	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS:	STREET/COURI Registration Section		
Registration Section Division of Corporations P.O. Box 6327		Division of Corpor Clifton Building			
Tallahassee, FL 32314			2661 Executive Ce	enter Circle	

Tallahassee, FL 32301

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

	Neo Home Health L	LLC	
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)	<u>ှဲ့</u>
The Articles of Organization for this Limited	Liability Company were filed on	04/14/2020	and assign
Florida document number <u>L20000102</u> 6	676		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or th	ne abbreviation "L.L.C
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u> </u>		
		<u> </u>	
D IC C Al	3/		tan the name of
B. If amending the registered agent an registered agent and/or the new registered		on our records, en	ter the name of
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	ı
	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: provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
MGR	Neilrock Paz	2065 Cedar Garden Drive	🗆 Add
		Orlando,Fl,32824	<b>X</b> Remove
			Change
<u>AMBR</u>	PNR Holdings, LLC	815 North Main Street, Suite C Kissimmee,FL 34744-4607	<b>S</b> Add
			Remov
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
		·	Add
			Remove
<del></del>			🗆 Change
			Add
			Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
E Estado	re date, if other than the date of filing:
(If an effec <u>Note:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	June 16 2010
	Signature of a member or authorized representative of a member
	Neilrock Paz

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00