L20000106376

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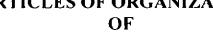
MAY 19 2020 I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor		•	•				
CIID IE	Cr.	HELPING HAND	OS HOME HEALTH LLC	2 ^				
SUBJE	<u> </u>	Name of Lim	ited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		Mark Phillips						
			Name of Person					
		HELPING I	HANDS HOME HEALT	H LLC				
			Firm/Company					
		339	339 6th Ave. W., Suite 11					
		Address						
		B	Bradenton, FL 34205					
		City/State and Zip Code flyinpoon@yahoo.com						
		fication)						
For fur	ther information c	oncerning this matter, please c	alt:					
	Marl	c Phillips	at (941) 893-081	8				
	Name o	f Person		e Telephone Number				
Enclose	ed is a check for the	ne following amount:						
	5.00 Filing Fee	□ \$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)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corpor Clifton Building	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



HELPING HANDS HOME HEALTH LLC

(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 Company	were filed on _	04/17/2020	and assigned
Florida document number <u>L20000106376</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>nere</u> :	
Chosen Home Health LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	339 6th A	ve. W., Suite 11	
(Principal office address MUST BE A STREET ADDRESS)	Bradenton	, FL 34205	
Enter new mailing address, if applicable:	339 6th A	ve. W., Suite 11	
(Mailing address MAY BE A POST OFFICE BOX)	Bradenton, FL 34205		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
		, Florida	
	City		Zip Code

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 **Address Type of Action** Title Name □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add _□ Remove □ Change _□ Remove ____ □ Change □ Remove ☐ Remove

_□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe Note:	ve date, if other than the date of filing:
	ord 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	April 28th . 2020 .
	Signature of a member or authorized representative of a member
	Mark Phillips
	Typed or printed name of signee

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Filing Fee: \$25.00