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Name Change

COVER LETTER

Healthcare Home Delivery 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: Susie Adriance Name of Person Sunshine Business Consultants LLC Firm/Company 2511 Deer Run E Address Clearwater, FL 33761 City/State and Zip Code susie@sunshinebusinessconsultants.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susie Adriance 727 8313729 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

Healthcare Home Delivery 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 Compan	y were filed on)20	and assigned	
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Healthcare HD LLC				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the nam</u>	e of the new registe	
igent and/of the new registered office address here.				
Name of New Registered Agent:				
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	<u>t:</u>			
I hereby accept the appointment as registered agent and ag	ree to act in this can	acity I further asi	ree to comply with	

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
			Add
		·	Remove
			Change
		-	□Add
			□Change
			□ Add
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	5/22/2020
ffecti	e date, if other than the date of filing: (optional)
an effe l <mark>ote:</mark> l	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
record is tile	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 d.
ated	May 22 2020
สเรต _	
	Signature of a member or authorized representative of a member

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Typed or printed name of signee