LZO 000374545

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COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJE	A-1491	N HOME HEALTH LLC	•	
SUBJE	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	initted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		HUGHES, CHRISTOPHE	R R	
			Name of Person	
			Firm/Company	
		403 15TH AVENUE SOU	ТН	
			Address	
		JACKSONVILLE BEACI	I. FL 32250	
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifica	ation)
For furt	her information co	oncerning this matter, please ea	all:	
HUGH	ES, CHRISTOPH	ER R	904 300-7086	
	Name of	Person	Area Code Daytime T	elephone Number
Unclose	d is a check for th	e following amount:		
□ \$25	.00 Fiting 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 S		Street Address: Registration Secti	on

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACON IN HOME HEALTH LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on ou ited Liability Company)	r records.)	 -	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000374545</u>	pany were filed on 11/30/202	20	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>			
		رن. ۲۳ <u>د </u>	2020	
			 3 30 (~;
Enter new mailing address, if applicable:	<u> </u>		. 2	
(Mailing address MAY BE A POST OFFICE BOX)				TT!
		}•-	<u> </u>	Ġ_
			<u>:</u>	
B. If amending the registered agent and/or registered off	fice address on our records	, <u>enter the name o</u>	f the ben	registere
agent and/or the new registered office address here:				
Name of New Registered Agent:		-		
New Registered Office Address:				
	Enter Florida stree	et uddress		
		, Florida		
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HUGHES, CHRISTOPHER R	403 15TH AVENUE SOUTH	= Add
		JACKSONVILLE BEACH, FL 32250	□ Remove
			□Change
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Signature of a member or authorized representative of a member	record is file	d.
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Filing Fee: \$25.00