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COVER LETTER

Division of Corporations					
subject: <u>Hear</u>	t to Heart Name of Limi	Home Health Lited Liability Company	LC.		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Jacin	Ha R. Arce			
	Firm/Company				
	3227 Let AMENUR W.				
-	palmet	City/State and Zip Code + a a ce @ ic loud. to be used for future annual report notific	Com		
For further information concerning this matter, please call:					
Jacinta Name of Po	Frson	at (727) 465- Area Code Daytime T	3 2 8 9 Telephone Number		
Enclosed is a check for the f	ollowing amount:				
□ \$25.00 Filing Fee	区\$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:		Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

treat to Heart	Jame Health LLC.		
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 210000 3 3 11 3</u> .	vere filed on KNUALY 15th, 202 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	Home LLC. ty Company." the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3227 Leth Avenue W.		
(Principal office address MUST BE A STREET ADDRESS)	palmetto FL 34221		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2227 Leth Alvenue W. Palmetto FL.		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered		
Name of New Registered Agent:	~ 7		
New Registered Office Address:			
	Enter Florida street address		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	ंः e 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
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			Dadd
			□Remove
		-	□ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00