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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

ORDERS@VSTATEFILINGS COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEVATE HOME HEALTH GROUP OF ORLANDO LLC

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Help

## From: Alexander Englard

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

2024 DEC -2 BM 9-10

ELEVATE HOME HEALTH GROUP OF ORLAND	O FTC - ML 3: 18
( <u>Name of the Limited Liability Comp.</u> (A Florida Limited	iny as it now appears on our records. TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000111834</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	600 Rinehart Road, Ste 3064
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary FL 32746,
Enter new mailing address, if applicable:	600 Rinehart Road, Ste 3064
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary FL 32746
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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:	

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.

Page, 4 of 5

2024-11-27 16:58 27 GMT

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From, Alexander Eng

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
ELEVAT MGR	TE HOME HEALTH GROUP HOLDINGS OF FLORU	DA LLC 600 Rinchart Road, Ste 3064	
		Lake Mary FL 32746	□ Remove
			<b>≡</b> Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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		□Remove	
			□Change
	<del></del>		□Add
			□Remove
			□Change
		4-7	□Add
			□Remove

James Ryan Genson

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Effect	ive date, if other than the date	of filing:	(optional)	
Note:	If the date inserted in this block d	oes not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be li-	)5.0207 ( sted as tl
docum	nent's effective date on the Departi	nent of State's records.		
		e, but not an effective time, at 12:01 a.i	n, on the earlier of: (b) The 90th day aff	ter the
rd is fi	700.			

Signature of a member of authorized representative of a member

Typed or printed name of signee