Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000409280 3)))



H210004092803ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

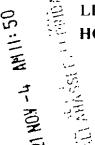
From:

Account Name : LEGALZCOM.CCM INC.

Account Number: 120010000062 Phone: (323)962-8600 Fax Number: (323)962-3889

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

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME HEALTHCARE OF FORT LAUDERDALE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

NOV 5 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Divi	ision of Cor	porations		
en neer		ALTHCARE OF FORT LAUE	DERDALE LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		··	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		101 N Brand Blvd 11th Fl		
			Address	· · · · · · · · · · · · · · · · · · ·
		Glendale, CA 91203		
			City/State and Zip Code	···
		lmsalmun@gmail.com		
		E-mail address: (to be used for luture annual report noti	fication)
For further it	nformation c	oncerning this matter, please ca	all:	
Cheyenne Moscicy		at () 773-0888 Area Code Daytim	e Telephone Number	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	he following amount:		
□ \$25.00 F	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 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301 Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ART		ORGANIZATIO OF	N	2021 NOV -4 SECRETARY TALLAHASSE	
HOME HEALTHCARE OF FORT LAUDERDALE LLC				TARY ASS	
(Name of the Limit	ted Liability Com (A Florida Limit	pany as it now appears on e ed Liability Company)	our records.)	F PH	CBULL
The Articles of Organization for this Limited 1.	iability Compa	ny were filed on 08/02/2	2021	an Englighed	
Florida document number 1.21000346380				29 DA	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited li	ability company here:			
The new name must be distinguishable and contain the v	vords "Limited Lis	ability Company," the designa	ation "LLC" or the abbre	viation "L.L.C."	-
Enter new principal offices address, if applic				<u> </u>	-
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		488 NE 18th St., Uni	it 4911		_
		Miami, Florida 3313	2		_
B. If amending the registered agent and registered agent and/or the new registered o			r records, enter th	e name of the	- new
Name of New Registered Agent:					-
New Registered Office Address:	488 NE 18th	n St., Unit 4911			_
<u> </u>		Enter Florida si		_	
	Miami	Cuv	Florida <u>3313</u>	2 Zw Code	_
		v. ny		Ly Con	

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, E.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

From: Sylvia Paull

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	Scott Salmun	488 NE 18th St., Unit 4911 Miami, Florida 33132	Add
			☐ Remove
AMBR	Graham Salmun	488 NE 18th St., Unit 4911 Miami, Florida 33132	Add
			☐ Remove
			Change
AMBR	Celia Zinger	488 NE 18th St., Unit 4911 Miami, Florida 33132	= Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Remove
			Change

To: +1850617€383 + •	Page: 6 of 6	2021-11-04 06:34:15 PDT	LegalZoom com, Inc.

(If an effective Note: 1 docume	e date, if other than the date tive date is listed, the date must be sp the date inscrted in this block d at's effective date on the Departi	pecific and cannot be oes not meet the ap ment of State's reco	pplicable statutory ords.	ng or more than 90 day y filing requiremen	its, this date will no	ot be listed	as the	
	rd specifies a delayed efferoth day after the record is consistent and signal Louis Salmun	is filed.	tu	ntative of a member	::01 a.m. on th	SECRLIARY OF STATE TALLAHASSEE, FILORIDA	2021 NO	TILMO

From: Sylvia Paull

Page 3 of 3

Filing Fee: \$25.00