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		Modern Ho		•	, , , , , , , , , , , , , , , , , , ,
U BJE(CT:			ited Liability Company	<u>· ·</u>
	_				
			Amendment and fee(s) are sub		
lease re	eturn	all correspo	ndence concerning this matter	to the following:	
			Stacyann Terrelonge		
				Name of Person	.
			Modern Home Health		
				Firm/Company	
			2626 Florencia Place		
				Address	
			Melbourne, FL 32940		
				City/State and Zip Code	
			sterrelonge@icloud.com	to be used for future annual report no	tification)
or furth	her ii	nformation c	oncerning this matter, please of	<u>.</u>	imedialy
tacyanı	n Te	rrelogne		305 338-5141	
Name of Person		f Person	at () Area Code Dayti	me Telephone Number	
nclosed	d is a	i check for th	ne following amount:		
□ \$2 5.	.00.	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		iling Addres gistration S		<u>Street Address:</u> Registration S	ection
	Div	vision of C	orporations	Division of Co	orporations
). Box 632		The Centre of	
	I al	llahassee, I	*L 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modern Home Health

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited Liability Company	were filed on 08/19/2021	and assigned
orida document number L21000372331		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
odern Home Health, LLC		
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the al	obreviation "L.L.C."
ter new principal offices address, if applicable:	117 N Orlando Ave, Cocoa Beach FL 3	2931
rincipal office address MUST BE A STREET ADDRESS)		
iter new mailing address, if applicable:	117 N Orlando Ave, Cocoa Beach FL 3	2931
Tailing address MAY BE A POST OFFICE BOX)		
was con mili bb it too! of the bony		
		<u></u>
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	eddress on our records, enter the nan	ne of the new registered
		£2,
Name of New Registered Agent:		
N. B		
New Registered Office Address:	Enter Florida street address	
	191 5 d .	
· · · · · · · · · · · · · · · · · · ·	, Florida	Zip Code
w Registered Agent's Signature, if changing Registered Agent:		<u>~.</u>
ereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as ping filed to merely reflect a change in the registered office appany has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	<u>Address</u>	Type of Action
GR ——	Stacyann Terrelonge	2626 Florencia Place	= Add
		Melbourne, FL 32940	□Remove
			□ Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

			<u></u>	
				
				
				
	<u> </u>			
				
				
ective date, if other than the dot effective date is listed, the date must be te: If the date inserted in this blockwards effective date on the Dep	k does not meet the app	ior to date of filing or mo	(options ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605.0207
cord specifies a delayed effective of sfiled.	date, but not an effective	: time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
September 9th	2021	<u> </u>		
11	ignature of a member or as	thorized representative	of a member	
11	ignature of a member or au	thorized representative	of a member	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00