

L21000491770

Florida Department of State
Division of Corporations
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From: W. Scott Turnbull, Esq.
Account Name : CRARY, BUCHANAN, BOWDISH, ET AL
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N/C amend

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DID HOMECARE, LLC

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CRARY ❖ BUCHANAN

759 SW Federal Highway, Suite 106
Stuart, FL 34995
(772) 287-2600

TO: Florida Dept. of State

Date: 11/19/2021 03:34:56 PM -0500

Organization: Division of Corporations

Fax: 1-850-617-6383, 259500

Phone: 1-850-245-6052

From: LouAnn Rutkowski

CRARY ❖ BUCHANAN

Fax: (772) 223-4378

Phone: (772) 233-4602

Number of Pages Excluding Cover:

Subject: DID HomeCare, LLC

.....
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.....

Comments:

Please file the attached Articles of Amendment re name change. Thank you, Lou Ann Rutkowski

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DJD HomeCare, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 16, 2021 and assigned
Florida document number L21000491770.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DJD HomeCare, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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