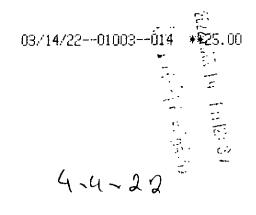
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(Document Number)
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COVER LETTER

	Division of Co			**		
aun inc	HEALAV	HOME HEALTH CARE LLC			• ,	
SUBJEC	JT:	Name of Lim	ited Liability Company		-	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		PAUL ZAMOR				
			Name of Person		_	
		HEALAV HOME HEALT	H CARE LLC			
			Firm/Company		_	
		1799 W OAKLAND BLV	D. STE 305			
			Address			
		OAKLAND PARK, FL 33	311			
		_	City/State and Zip Code		_	
		healavcare@gmail.com	to be used for future annual re	nor notification)	_	
For furth	er information o	concerning this matter, please co		perc neumonicus,		
Paul Zan				1343		
		at ()		 ber		
				,		
Enclosed	is a check for t	he following amount:				
≣ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi sed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)	
	Mailing Addre	55:	Street Add	iress:		
Registration Section				ion Section		
	Division of C			of Corporations		
	P.O. Box 632	27	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	Enter Florida street address	rida
New Registered Office Address:	Enter Florida street address	,
New Revistered Office Address:		
		,
Name of New Registered Agent:		
gent and/or the new registered office address he	<u>re</u> :	**************************************
. If amending the registered agent and/or regist		
Mailing address MAY BE A POST OFFICE BOX	2	- K
nter new mailing address, if applicable:		c.;
Principal office address MUST BE A STREET AI	<u> </u>	
nter new principal offices address, if applicable		
ne new name must be distinguishable and contain the words	*Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
IEALAV HOME CARE LLC		
. If amending name, enter the new name of the	limited liability company here:	
his amendment is submitted to amend the following	g:	
lorida document number L22000089502	·	
he Articles of Organization for this Limited Liabili		and assigned
	ability Company as it now appears on our records orida Limited Liability Company)	
(A ri		

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove Change; □ Add Remove
			□ Change
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fective date, if other than the date of the date is listed, the date must be to the date inserted in this blockwarment's effective date on the Dep	k does not meet th	ne applicable :	e of filing or more t statutory filing re-	(option: han 90 days after fili quirements, this d	al) ing.) Pursuant to 6 ate will not be l	05,0201 isted as
record specifies a delayed effective of is filed.	late, but not an ef	fective time, a	t 12:01 a.m. on tl	ne earlier of: (b)	The 90th day as	fter the
March 04	202	22				
	·	·				

Filing Fee: \$25.00

Typed or printed name of signee