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C. BRUMBLEY

JUN 3 0 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Integra Homecare Name of Limite	Medical Services, LLC d Liability Company
The enclosed Articles of Amendment and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
lyy walke	Name of Person
	Firm/Company
2822 NE	24th Pl
Ocala/FL	34470 City/State and Zip Code
Integrationeca	ce medical Services amail. com
For further information concerning this matter, please call:	
Name of Person	at (352) 301-3012 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee ☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integra Homecare Medical Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 14, 2022 _ and assigned Florida document number <u>L22000125690</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Integra Homecare Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

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 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
		□Add	
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to				
Integra Homecare Services, L	LC			
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ective date, if other than the defective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	oe specific and cannot be ik does not meet the ap	oplicable statutory filin	(optional) ore than 90 days after filing.) P g requirements, this date w	ursuant to 605.0207 (3)(ill not be listed as the
ord specifies a delayed effective filed.	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) The 9	90th day after the
ed May 3	202	authorized representative		
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Typed or printed name of signee