## 422000272448

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2022 JUL 25 AM 9: 05

## **COVER LETTER**

TO:

Registration Section Division of Corporations

InterGen I	lome Healthcare LLC		,
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
	Sainfer Aliyu		
		Name of Person	
	InterGen Home Healthear		
		Firm/Company	<del>-</del>
	1375 Gateway Blvd.		
		Address	
	Boynton Beach FL 33426		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	Sainfer2000@gmail.com		
	t-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Sainter Aliyo		(561) 351 8	3506
Name c	l Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 25 AM 9: 05

Zip Code

InterGen Home Healthcare LLC			2011 301 23 AM 9: 05
(Name of the Limi	ted Liability Compan	v as it now appears on our reco	SPLNETTAN TO IT.
	(A Florida Limited Li	ability Company)	MALLAHASSEE, FL
The Articles of Organization for this Limited L Florida document number 1.22000272448	iability Company v	were filed on <u>06/15/2022</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	lity company here:	
The new name must be distinguishable and contain the v	conde est instruct t inhills	Community	C" and the state of the state o
the new name must be distinguishable and contain the v	vorus (zamitea izianin	<u>-</u>	
Enter new principal offices address, if applic	able:	1375 Gateway Blvd. Boynto	n Beach F1, 33426
(Principal office address MUST BE A STREE	ET ADDRESS)		7.012
Enter new mailing address, if applicable:		1375 Gateway Blvd, Boynto	n Beach FL 33426
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office ac ss here:	ddress on our records, <u>ent</u> s	er the name of the new registered
Name of New Registered Agent:	Sainfer Aliyu		
New Registered Office Address:	1375 Gateway B	ilvd.	
res registered Office Address.		Enter Florida street addr	ress
	Boynton Beach	,	Florida 33426

## 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.

City

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

Title	Name	Address	Type of Action
MGR	Sainfer Aliyu	7528 Moonrise Drive Lake Worth FL 33467	<b>=</b> Add
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record specifies a delayed effectivis filed.	e date, but not an	effective time, a	t 12:01 a.m. on	the earlier of: (b	) The 90d	ı day afte	er the
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	Signature of a mem	ner or authorized	representative of	a member			