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2022 SEP 23 AH 10: 50 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

North Star	Home Health Agency, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Pare		
		Name of Person	
	North Star Home Health A	gency, LLC	
	·	Firm/Company	
	2466 NW 67th Street		
		Address	
	Boca Raton, FL 33496		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	bpare1105@aol.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	all;	
Brian Pare		561 789-5791	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion
Division of C		Division of Corp	

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

North Star Home Health Agency, 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 08/30/2022 and assigned Florida document number L22000382428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: N/A New Registered Office Address: Enter Florida street address

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

_, Florida __

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>	Type of Action
AMBR	Joti Patel	1453 NW 48TH LN	□Add
		BOCA RATON, FL 33431	Remove
			□Change
AMBR	Clay Congdon	1453 NW 48TH LN	□Add
		BOCA RATON, FL 33431	Remove
MGR	Jamie Pare	2466 NW 67TH ST	□Add
		BOCA RATON, FL 33496	□ Remove
			■Change
			□Add
			□Remove
			□Remove
			□Add
			□Remove
			□Change

Health Age	ncy, LLC (L22000382428) and to change the title of Jamie Pare from AMBR to MGR.	
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fective date, it	other than the date of filing:(optional)	
n effective date is	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	05.02
cument's effect	ive date on the Department of State's records.	sieu a
ecord specifies : is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter th
ted	2022	
	Signature of a member or authorized representative of a member	