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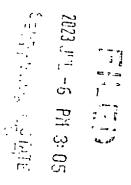
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Special Instructions to Filing Officer:

Office Use Only



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Y. SCOTT AUG 1 2 2023

COVER LETTER

TO: Registration Sec Division of Corp		•	▼
SUBJECT: Ab	e care to	ome Heath led Liability Company	Care Registry L
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Judy	Lawson Name of Person	
	Abk Hom	re Health Care	e Registry LL
	6412 N. Ur	riversity Dri	ve.
·	Tamarae,	FL 333	2023
	aaa_ Judy E-mai) address: Ju	O Jahoo Con to be seed for future annual report note	
For further information co	oncerning this matter, please ea	all:	305
Judy Name o	Lawson Petson	at (<u>954)</u> <u>772</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company were filed on 6.26.23 and assigned

Able Home Health Care Registry LLC
(Name of the Limited Liability Company as it now appears on our record)
(A Florida Limited Liability Company)

Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florid a
	Enter Florida street address
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	adress on our records, enter the name of the new re
D. 16	
	<u>دو کی دی این این این این این این این این این ای</u>
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	~~~
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liabili	ay Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabil Able Care Home Heal	th LLC
i nis amendmeni is subfinicu io amend the following.	
This amendment is submitted to amend the following:	•

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			□Change
	·		□Add
	•		□Remove
			Change Change Remove
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ctive date, if other than th effective date is listed, the date m	ust be specific and car				iling.) Pu	
e: If the date inserted in this harmont's effective date on the l			atutory filing requir	ements, this	date wil	I not be lister
	•					
cord specifies a delayed effecti	ive date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b)	The 90)th day after
filed.	1					
1 July 31	7d .	2023				
	10	200/	- 02			
	Signature of a men	iber or authorized	representative of a me	mber		_
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