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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH, FOSTER		
		Name of Person	<u>.                                      </u>
	AT HOME HEALTH LLC		
		Firm/Company	
	1702 W SAINT ISABEL S	STREET, Suite # 1	
	Name of Person  AT HOME HEALTH LLC  Firm/Company  1702 W SAINT ISABEL STREET, Suite # 1  Address  TAMPA, FL 33607  City/State and Zip Code  LIZ@ATHOME-HEALTH.COM  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  BETH, FOSTER  Name of Person  Area Code  Daytime Telephone Number  d is a check for the following amount:  00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy		
	TAMPA, FL 33607		
		City/State and Zip Code	
			a Constant
For further information c			ittication)
ELIZABETH, FOSTER		813 4089840	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
			Section
Division of C	Corporations	Division of C	orporations
rananassee,	FL 32314	Z#10 IN. MONI	oc succi, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on <u>02/28/2024</u>	and assigned
oility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
1702 W SAINT ISABEL STREET	·
Suite # 1	
TAMPA, FL 33607	
<del></del>	2024 HA)
20 2 2 COLUMN TO SEE THE SEE T	× 2
address on our records, <u>enter the</u>	name of the new resistered
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
Lines I milital succe address	
, Florid	la Zip Code
	lity Company," the designation "LLC" or  1702 W SAINT ISABEL STREET  Suite # 1  TAMPA, FL 33607   Enter Florida street address  Florid

## 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
MGR	ELIZABETH FOSTER	1702 W SAINT ISABEL STREET	□Add
		Suite # 1	□Remove
		Tampa FL 33607	_
			□Remove
			Change
			□Remove
		·	□Change
		·	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	······································	
Note: If the	date, if other than the date of filing:	.0207 ed as (
e record spec rd is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00