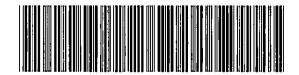


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NAPR 16 PM 5: L

COVER LETTER

Registration Section

TO:

Division of Cor	porations				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tameka Wright				
		Name of Person	-		
	Name of Person T&O Nationwide Home Health LLC Firm/Company 3500 N State Road 7 Ste 213-2 Address Lauderdale Lakes FI 33319-5600 City/State and Zip Code tonationwidehomecare@yahoo.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: meka Wright Name of Person Name of Person Telephone Number Area Code Daytime Telephone Number Josed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
Firm/Company					
	enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Tameka Wright Name of Person T&O Nationwide Home Health LLC Firm/Company 3500 N State Road 7 Ste 213-2 Address Lauderdate Lakes FI 33319-5600 City/State and Zip Code tonationwidehomecare@yahoo.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: neka Wright Name of Person T86 Name of Person T86 T90-6014 Name of Person Name of Person Solo Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Tameka Wright Name of Person T&O Nationwide Home Health LLC Firm/Company 3500 N State Road 7 Ste 213-2 Address Lauderdale Lakes Fl 33319-5600 City/State and Zip Code tonationwidehomecare@yahoo.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: neka Wright Name of Person T86 709-6014 Area Code Daytime Telephone Number osed is a check for the following amount: \$25,00 Filing Fee				
	Lauderdale Lakes Fl 3331	9-5600			
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			titication)		
For further information c		•			
Tameka Wright					
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632 Tallahassee, 1			Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 APR 16 PM 5: 42

T&O Nationwide Home Care LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Liability Company were filed			
Florida document number L24000110462	on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp.	any here:		
T&O Nationwide Home Health 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:			
(B) : 1 (C) 11			
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 regist		
agent and/or the new registered office address here:	•		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Plasta.		
City	Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	·		
l hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performa			

If Changing Registered Agent, Signature of New Registered Agent

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

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 -	□Add
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			Remove
			□Change
			□Add
			Remove

Page 2 of 3

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-				
If an effective date is listed Note: If the date inser	er than the date of filing:	applicable statutory filing	(optional) ore than 90 days after filing.) Pursus g requirements, this date will no	ant to 605.0207 (ot be listed as t
ne record specifies The 90th day aft	s a delayed effective date, beer the record is filed.	ut not an effective t	ime, at 12:01 a.m. on th	e earlier of
Dated March 21	2-24	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00