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SECULLY OF STATE

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## **COVER LETTER**

TO:

TO: Registration So Division of Co				
	Y HOME HEALTH OF BROV	WARD LLC.		
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:		
	DANIEL REYES			
		Name of Person	·	
	HARMONY HOME HEA	LTH OF BROWARD LLC		
		Firm/Company		
	1931 NW 150TH AVE SU	JITE 111		
		Address	<del></del>	
	PEMBROKE PINES, FL,	33028		
		City/State and Zip Code		
	barbara@harmony-health.c			
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	otification)	
DANIEL REYES		786 4439753		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
Malling Address Registration S	<del></del>	Street Address: Registration S	ection	
Division of Corporations			Division of Corporations	
P.O. Box 632 Tallahassee, 1		The Centre of		
i allaliassee, l	11, 36314	2413 N. MONI	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARMONY HOME HEALTH OF BROWARD LLC.	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed or	on and assigned
Florida document number L24000150853	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	<b>202</b> 4
Enter new mailing address, if applicable:	2 7
(Mailing address MAY BE A POST OFFICE BOX)	m gg m
	FET :
B. If amending the registered agent and/or registered office address on eagent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u> i
agent and of the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Planta

## 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

Zip Code

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>	Name	Address	Type of Action
AMBR	BARBARA D SANTANA	2801 SW 193 TER, MIRAMAR, FL, 33029	<b>≅</b> Add
			□Remove
		<del></del>	Change
	<del></del>		□ Add
			□Remove
		<del></del>	□Change
			□ Add
			□Remove
			Change
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			□Change
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			□ Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change

Effective date, if other than the date of filling:  1. (optional)  2. (an 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 605.0207  2. (where the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  2. (a)  3. (a)  4. (a)  4. (a)  4. (a)  4. (a)  5. (b)  6. (c)  6. (c)  7. (c)  7. (d)  7. (d)  7. (e)  8. (e)  9. (e)  9. (f)  9. (e)  9. (f)  9. (e)  9. (e)  9. (e)  9. (e)  9. (f)  9. (f)  9. (e)  9. (e)  9. (e)  9. (f)  9	II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00