

M14000009012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

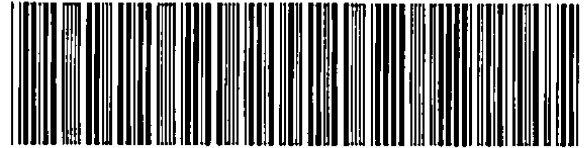
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376720673

2021 NOV 18 AM 8:01

RECEIVED

2021 NOV 18 PM 1:13

RECEIVED

STATE OF ALABAMA
TALLADEGA COUNTY, ALABAMA

Name chg

NOV 23 2021

I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/18/2021

****WALK IN****

ENTITY NAME TNR STAFFING, LLC

DOCUMENT NUMBER M14000009012

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting:

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2021

SUNSHINE STATE

SUBJECT: TNR STAFFING, LLC
Ref. Number: M14000009012

CORRECTED
Please Allow For
Same File Date

We have received your document for TNR STAFFING, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 121A00028102

RECEIVED
TALLAHASSEE, FLORIDA
NOV 22 2021

2021 NOV 22 PM 4:48

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TNR STAFFING LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000009012

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 12/16/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: InHomeTherapy, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

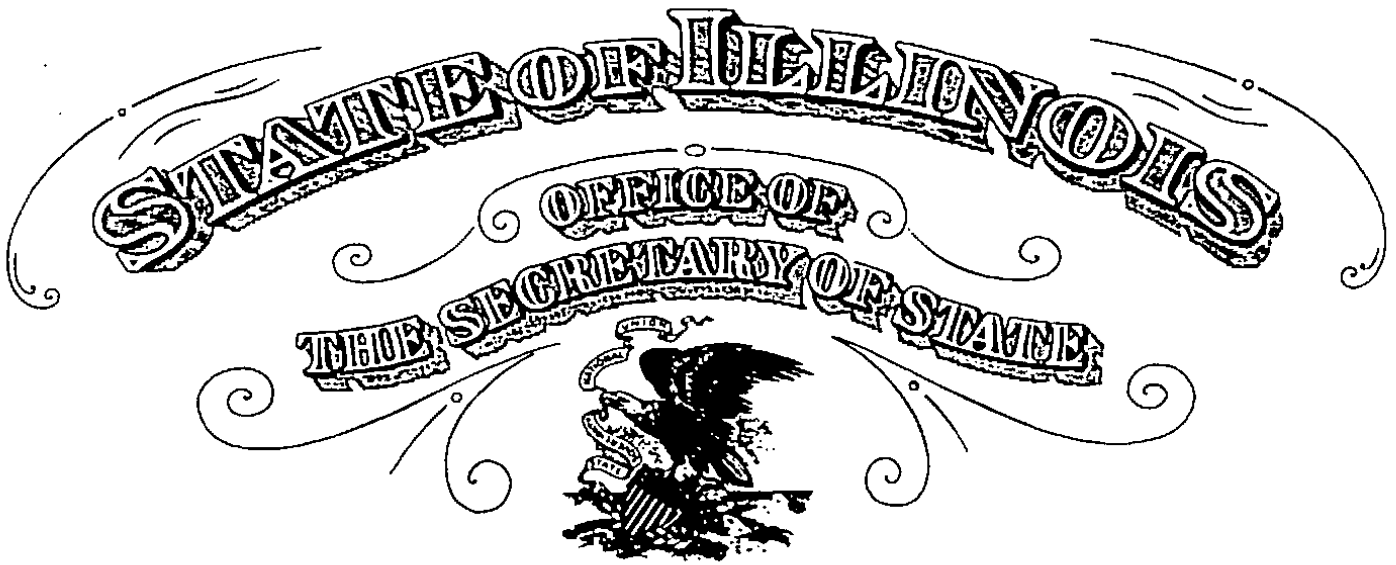
Richard J. Anglin

ure of the authorized representative

Richard Anglin, Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR INHOMETHERAPY, LLC.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of NOVEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE

Form **LLC-5.25**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check
payable to Secretary of State. If
check is returned for any reason this
filing will be void.

Illinois
Limited Liability Company Act
Articles of Amendment

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved: _____

FILE # 0311-787-1

This space for use by Secretary of State.

FILED

NOV 18 2021

JASON WHITE
SECRETARY OF STATE

1. Limited Liability Company name: TNR STAFFING LLC

2. Articles of Amendment effective on:

☒ the file date

☐ a later date (not to exceed 30 days after the file date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

☐ a) Admission of a new manager (give name and address below)*

☐ b) Withdrawal of a manager (give name below)

☐ c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)

☐ d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable)

☒ e) Change in the Limited Liability Company's name (give new name below)**

☐ f) Change in date of dissolution (state perpetual or date of dissolution below)

☐ g) Establish authority to issue series (fee \$300, see NOTE)

☐ h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

**New name of LLC (as changed): InHomeTherapy, LLC

The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: November 17, 2021
 " " /Day " " Year

Richard J. Austin

Signature

Richard Anglin, Chief Executive Officer

Name and Title (type or print)

If applicant is signing for a company or other entity,
state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.