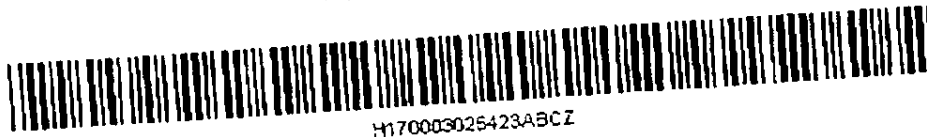


Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LOCKE LORD LLP
Account Number : 075410001517
Phone : (561) 820-0260
Fax Number : (888) 325-9197

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARING PEOPLE FL OPERATING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2017 NOV 16 AM 10:03

Electronic Filing Menu

Corporate Filing Menu

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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: Caring People FL Operating, LLC

Enter new principal office address, if applicable: 118-35 Queens Blvd., Suite 105

(Principal office address
MUST BE A STREET ADDRESS)

Forest Hills, NY 11375

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

118-35 Queens Blvd., Suite 105

Forest Hills, NY 11375

2. The Florida document number of this limited liability company is: M17000001036

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 2, 2017

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

5. New name of the limited liability company: N/A
(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: N/A

New Registered Office Address: Enter Florida Street Address

City, Florida 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

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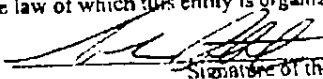
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with F05.0902 (1)(e), indicate that change.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEFFREY M. MANN	1560 Sherman Ave., Suite 1200	<input type="checkbox"/> Add
		Evanston, IL 60201	<input checked="" type="checkbox"/> Remove
MGR	ANDREW GUSTAFSON	118-35 Queens Blvd., Suite 105	<input checked="" type="checkbox"/> Add
		Forest Hills, NY 11375	<input type="checkbox"/> Remove
MGR	STEVEN EAST	118-35 Queens Blvd., Suite 105	<input checked="" type="checkbox"/> Add
		Forest Hills, NY 11375	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.


Signature of the authorized representative

Andrew Gustafson, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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