DOC ID ----> 202226902750

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/26/2022	202226902750	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ZENBUSINESS INC.
5511 PARKCREST DRIVE
SUITE 103
AUSTIN, TX 78731

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4564879

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OVERTIMECARE LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
OHIO LLC - AMENDMENT	**202226902750**

Effective Date: 09/26/2022

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of September, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202226902750

Form 611 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 9/26/2022

Telphone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: $50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☉ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

OVERTIMECARE LLC

Name of Limited Liability Company

4564879

Registration Number

Optional: Effective Date (MM/DD/YYYY) 9/26/2022 Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Purpose

A Non Medical Home Health agency that provide non medical or social assistance to seniors at their home, in retirement community or rehabilitation centers. These services will be performed by PCAs, CHHA, STNAs

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

FELIX ATABONG
Signature

MEMBER
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name