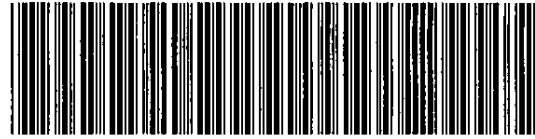


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

S. HAWKES
SEP 23 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Visions Health Systems, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guillermo A Vanegas
Name of Person
Vision Health Systems, LLC
Firm/Company
1730 Main Street #202
Address
Weston, Fla 33326
City/State and Zip Code
Pilichof@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rlar Hinestrosa at 754 3844464
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VISIONS HEALTH SYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 23/09 and assigned
Florida document number 209000028244

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Guillermo A Vanegas
200 Lakeview Drive #113
Weston, Fla 33326
President and Vice-president

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1730 Main Street #202
Weston Fla 33326

B. If amending the registered agent and/or registered office 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:

Guillermo A Vanegas

New Registered Office Address:

1730 Main Street #202

Enter Florida street address

Weston, Florida 33326
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 608, 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.

Guillermo A Vanegas
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

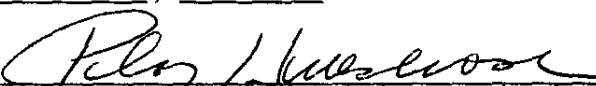
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
president	Guillermo A Vanegas	200 lakeview drive #202 Weston, Fla 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice-president	Guillermo A Vanegas	200 lakeview drive #202 Weston, Fla 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
president	Pilar Hinestrosa	2660 OAKBROOK lane Weston, Fla 33332	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
vice-president	Pilar Hinestrosa	2660 OAKBROOK lane Weston, Fla 33332	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/15/09



Signature of a member or authorized representative of a member
Pilar Hinestrosa

Typed or printed name of signee