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J. Shivers JAN 29 2015

2/1/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Omega Advanced Nurse Practice, 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:

Reynald Omega

Name of Person

Firm/Company

8465 Phoenician CT

Address

Davie FL 33328

City/State and Zip Code

oreynald@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reynald Omega at (**954**) **303-3394**

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

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

Omega Advanced Nurse Practice, 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 10-14-2014 and assigned Florida document number L14000162949.

This amendment is submitted to amend the following:

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

Omega Advanced Health Practice, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jovens N. Sans Peur	8465 Phoenician Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33328	<input type="checkbox"/> Remove
AMBR	Ilda E. Sans Peur	8465 Phoenician Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33328	<input type="checkbox"/> Remove
AMBR	Sans Pear Jouens N	8465 Phoenician C	<input type="checkbox"/> Add
		Davie FL 33328	<input checked="" type="checkbox"/> Remove
AMBR	Ssna Pear, Ilda E	8465 Phoenician Ct	<input type="checkbox"/> Add
		Dave FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 15 JAN 14 PM 20
 TALLAHASSEE, FLORIDA
 11:00

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

E. Effective date, if other than the date of filing: 02-01-2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12, 2015.

Reynald Omega

Signature of a member or authorized representative of a member

Reynald Omega

Typed or printed name of signee

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