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JULIA A. HARRIS

J. SAULSBERY  
EXAMINER

SEP 18 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Providers Network Solutions, 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:

**Robert Diaz**

Name of Person

**RAMM Financial**

Firm/Company

**651 Woodland Creek Blvd**

Address

**Kissimmee, Florida 34744**

City/State and Zip Code

**rammfinancial@embarqmail.com**

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

For further information concerning this matter, please call:

**Robert Diaz**

Name of Person

**407 460-1025**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FL  
CLERK OF COURT

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

Providers Network Solutions, 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 07/31/2000 and assigned Florida document number L00000009265.

This amendment is submitted to amend the following:

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

Provider Network Solutions, 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: RAMM Financial & Consulting Services, LLC


New Registered Office Address: 651 Woodland Creek Blvd

Enter Florida street address

Kissimmee, Florida 34744  
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.*

  
Robert D. Ruff  
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

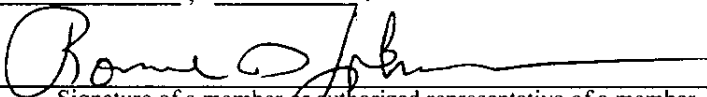
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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CLERK OF CIRCUIT COURT

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

• \_\_\_\_\_  
• \_\_\_\_\_  
• \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

**Ronnie D Johnson**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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