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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Healis Provider 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:		
Heather Attong (Name of Person)		
Itealis Provider Solutions, LLC (Firm/Company)		
18001 Old Cutler Rd, Ste. 354 (Address)	07	SIAID 18
Palmetto Bay, F1. 33157 (City/State and Zip Code)	07 APR 10 1	OS JU NOIS CRETVEA CRE
For further information concerning this matter, please call:	PM 1: 01	Y OF STATE
Heather Attory at (305) 251-7477 (Name of Person) (Area Code & Daytime Telephone Number)	<u> </u>	SKOLL
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\ \text{(additional copy is enclosed)}\$\ (ad		

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**

Healis Prou

	Healis Provider Solutions, LC	
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on $\frac{1212005}{200121513}$ and assigned document number $\frac{L05000121513}{2005}$.	
SECOND:	This amendment is submitted to amend the following:	
	1) Change Mank from Heather Attong	
	and Liga Expluez to Healis Rehalo	
	Center Inc. 18001018. Cutter Rd, Svik 354	
	2.) Change legal Name from Healis Providero ?	5. <u>.</u>
	Solutions to Healis of Kendall # LLCE	
	3.) Delete Wigel Attong as a member . 5 ?	
	4.) Add. Studio Pilates and Physical Therapy, LLC=	5.5 50€
	with 20% interest. Dame	ŠE.
	Address 1800/ Old. Cutter Rd, Stl 3541. HA	<u>5</u>
	Palmetto Bay, Fr. 33157	
Dated	411 , 2007.	
	Signature of a member or authorized representative of a member	
	Heather Attong Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00

Electronic Articles of Organization For Florida Limited Liability Company

L05000121513 FILED 8:00 AM December 21, 2005 Sec. Of State dcushing

Article I

The name of the Limited Liability Company is: HEALIS PROVIDER SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

18001 OLD CUTLER ROAD SUITE 368 PALMETTO BAY, FL. 33157

The mailing address of the Limited Liability Company is:

18001 OLD CUTLER ROAD SUITE 368 PALMETTO BAY, FL. 33157

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

HEATHER ATTONG 16780 SW 78 AVENUE PALMETTO BAY, FL. 33157

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: HEATHER ATTONG

OZ APR 10 PM 1:01

Article V

The name and address of managing members/managers are:

Title: MGRM HEATHER ATTONG 18001OLD CUTLER ROAD, SUITE 368 PALMETTO BAY, FL. 33157

Title: MGRM NIGUEL ATTONG 16780 SW 78 AVENUE PALMETTO BAY, FL. 33157

Title: MGR LISA GALVEZ 18001 OLD CUTLER ROAD, SUITE 368 PALMETTO BAY, FL. 33157

Article VI

The effective date for this Limited Liability Company shall be:

12/21/2005

Signature of member or an authorized representative of a member

Signature: HEATHER ATTONG

Sec. Of State doubling