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SECRETARY OF STATE AHASSEE. FLORID

C. LEWIS

MAR 2 2 2010

EXAMINER

## COVER LETTER

Registration Section Division of Corporations Healthsavers, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Stranahan Name of Person Healthsavers, LLC Firm/Company 1717 Besley Road Address Vienna, VA 22182 City/State and Zip Code pstranahan@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Stranahan Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & \$60 Filing Fee,

Certified Copy

Certificate of Status & Certified Copy

CR2E062 (08/05)

Certificate of Status

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Li	PCTS, LLC	SECRETARY OF STATE  On our records. AHASSEE, FLORIDA			
(****	orida Billitoa Biaolity Company,				
The Articles of Organization for this Limited Liability Company were filed on January 3, 2006 and assigned Florida document number LO6000000000000000000000000000000000000					
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liability company here:				
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company	"the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicab	ele:				
(Principal office address MUST BE A STREET.	ADDRESS)				
	The Alich Commence				
	The second of th	The second section of the second seco			
Enter new mailing address, if applicable:	4 A				
(Mailing address MAY BE A POST OFFICE BO	OX)	Committee of the control of the cont			
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B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new			
registered agent and/or the new registered once	t additis nere.				
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address:  Enter Florida street address				
•					
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Reg	gistered Agent:	•			
•	•				
I hereby accept the appointment as registered at the provisions of all statutes relative to the propaccept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change.	per and complete performance of ered agent as provided for in Chap gistered office address, I hereby c	my duties, and I am familiar with and oter 608, F.S. Or, if this document is			

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:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
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			Add Remove
		change(s) here: (Attach additional sheets, if nece	
Q	perating Manager .	erling Brecher - Lecago at - desther arold Brecher - Lecago at - deather	estificate enclose,
<u> </u>	Secretary o Ceasura: H.	and Brecher-deceased-death	certificate enclosed
EW-0	perating Manager.	Patricis Stranakan	<del></del>
Dated	Secretary & Treasure.	2010.	2010 FALL
	$\sim$ / $\sim$ $\sim$	member or authorized representative of a member	2010 MAR 19 SECRE ARY FALLAHASSI
	Patricia Stra	Typed or printed name of signee	ASSEE.F
		Page 2 of 2	TH 3: 07
		Filing Fee: \$25.00	<b>2</b> 年 コ