## #106000013155

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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration So Division of Cor				
SUBJE	ECT:	Executive Heal	thcare Solutions, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			John Botsko, Jr.		
Name of Person					
Executiv			e Healthcare Solutions, L	LC	
			Firm/Company		
9001 Highland Woods Blvd, # 6				3	
Address					
	Bonita Springs, FL 34135				
	City/State and Zip Code				
		jbots F-mail address: (	sko@brightstarcare.com to be used for future annual report not	ification)	
For fur	ther information of	concerning this matter, please of	·		
<u>.</u>		nn Botsko, Jr.	at (_239_)	348-5601	
	Name o	of Person	Area Code & Dayti	me Telephone Number	
Enclose	ed is a check for the	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

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SEUNE LAMY OF STATE
FAIT LAMASSEE, FLORIDA

Execut	ive Healthcare Solutions	, LLC	1433EE, FLORIDA	
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	ers on our records.)	<i>a</i>	
The Articles of Organization for this Limited L	iability Company were filed on	02/06/2006	and assigned	
Florida document numberL06000013	3155			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company he	re:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	nany," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applic	eable:			
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)				
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter	the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street ado	lress	
	, Florida			
	City	, , 101144	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address Marla J. Botsko MGR 9001 Highland Woods Blvd ✓ Add Remove Bonita Springs, FL 34135 ☐ Add Remove ∏Add Remove Add Remove \_\_\_Add Remove ∏Add \_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARIA J. Botsko 50 % SHAREHOLDED Dated August 20, 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00