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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH ASSESSMENT SERVICES
(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:

CHRISTINA DESLANDES
(Name of Person)

HEALTH ASSESSMENT SERVICES (owner)
(Firm/Company)

6068 3RD AVE NORTH
(Address)

ST PETERSBURG FL. 33710
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Deslandes at (727) 432-3582
(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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEALTH ASSESSMENT SERVICES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on July 28, 2006 and assigned document number LD0000015254

SECOND: This amendment is submitted to amend the following:

PLEASE TAKE PHILIP Deslandes NAME
OFF OF ALL RECORDS.

Dated

12-22-06

Christina Deslandes

Signature of a member or authorized representative of a member

Christina Deslandes (owner of LLC)

Typed or printed name of signee

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