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(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

' Division of Cor	porations							
SUBJECT:	UNITED HOSPITA	ALITY SPECIALIST LLC						
SORGEOT.		ted Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
		John C Walker						
		Name of Person						
N/A								
Firm/Company								
3751 Environ Blvd # 539								
Address								
	Lauderhill, Florida 33319							
		City/State and Zip Code						
	uni E-mail address: (1	tedhscorp@gmail.com to be used for future annual report notifica	tion)					
For further information of	concerning this matter, please c	all:						
Jo	hn C Walker	at (954) 87	73-9160					
Name of Person		Area Code & Daytime T	elephone Number					
Enclosed is a check for t	he following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 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

TO:

Registration Section

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

UNITED HO	SPITALIT	Y SPECIALIST LL	С	<u> </u>	
(<u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited L	ny as <mark>it now appears on our</mark> iability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document numberL1000002210		were filed on FEBRUA	ARY 26 2010	0_and assig	med
This amendment is submitted to amend the follow	ing:				
A. If amending name, <u>enter the new name of th</u>	e limited liab	ility company here:		<i>y</i> -^	***
			,,		
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ited Liability Company," the	designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:		3751 Environ Blvd #	539	ři.	
(Principal office address MUST BE A STREET ADDRESS)		Lauderhill, Florida 3	3319		
		. start		·	
Enter new mailing address, if applicable:		3751 Environ Blvd #	539		
(Mailing address MAY BE A POST OFFICE BOX)		Lauderhill, Florida 33319			
B. If amending the registered agent and/or registered agent and/or the new registered offic	_		ords, <u>enter tl</u>	ie name of	the new
Name of New Registered Agent:	JOHN C \	WALKER		<u> </u>	
New Registered Office Address:	3751 ENVIRON BLVD #539				
		Enter Flori	ida street addī	<u></u>	
	<u>LA</u>	UDERHILL	, Florida 🚅	33319	
		City	<u></u>	Zip Code	
New Registered Agent's Signature, if changing Res	zistered Agent:	i.	אנט. סואל		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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 **Title** <u>Name</u> **Address Type of Action** MGR Harold L Carter ☐ Add 241 Holly Lane Plantation, Florida 33317 ✓ Remove John C Walker MGRM 3751 Environ Blvd #539 Remove Lauderhill FL 33319 ☐ Add ☐ Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 1 Dated ___ Signature of a member of authorized representative of a member Harold L Carter

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00