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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: MILLENNIUM Therapy Staffing SVVS, 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:	
Ricardo Beltran Ir Name of Person	
·	
Firm/Company	
934 N. University Dr ste 306	17 18
Coral Springs, PL 33071 City/State and Zip Code	T JAN 23 PM 4: 42
E-mail address: (to be used for future annual report notification)	F. 93
For further information concerning this matter, please call:	⊘
Picardo Beltran at 954 675-7850 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (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

Millennium Therapy &	Staffing Srvs, LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000 33765</u>	were filed on 3 29 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 15
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Baristand Assault Clause v. 16 h. d. B. d. a.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** Carmen Beltran AMBR ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add _□ R**em**ov .□ Change □ Add 🗔 ☐ Remove ☐ Change _□ Add □ Remove _□ Change _ Add □ Remove ☐ Change

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(If an eff	ive date, if other than the date of filing: 01012017 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 1f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records.	o 605.0207 (3)(listed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	arlier of:
Dated	ROD	_
	Signature of a member or authorized representative of a member	
	Licardo Belhein JR.	

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Filing Fee: \$25.00