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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

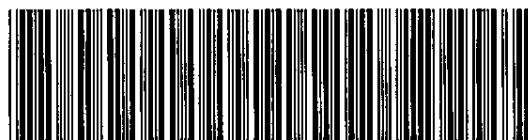
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
JANUARY 1, 2015

AUG 01 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Providers Unlimited, 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:

Patricia Cofino
Name of Person

Providers Unlimited
Firm/Company

6061 Collins Avenue #9D
Address

Miami Beach, FL 33140
City/State and Zip Code

providersrus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Cofino at (305) 565-2259
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO
ARTICLES OF ORGANIZATION
OF

PROVIDERS UNLIMITED, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 26, 2010 and assigned Florida document number L100000 44447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6061 COLLINS AVENUE
#9D
MIAMI BEACH, FLORIDA 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

6061 COLLINS AVENUE, #9D
Enter Florida street address
MIAMI BEACH, Florida 33140
City 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 605, 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

in amending the Managers or Authorized Member on our records, enter the
Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

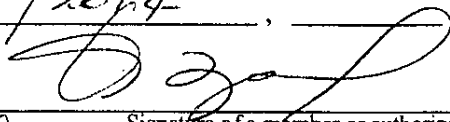
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|----------------------------------|---|
| <u>COO</u> | <u>Monica Cardenas</u> | <u>189 Woodland Road</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Lake Worth, Florida 33461</u> | <input type="checkbox"/> Remove |
| <u>CFO</u> | <u>Steven A. Gehle</u> | <u>1303 PARU Street, Unit D.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Alameda, CA 94501</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Rainaldo Bermudez</u> | <u>2038 NW 27 Avenue</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Miami, FL 33142</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>PETER A. MARCHESI</u> | <u>2202 North 38th Street</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Tampa, Florida 33605</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 07/25/2014, _____



Signature of a member or authorized representative of a member

PATRICIA CORFIO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA