L10000090575

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FILED
11 SEP -2 PM 12: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan   SEP - 6 2011

COVER LETTER

TO: · **Registration Section** ·
     Division of Corporations

SUBJECT: _Virtual STAFF Solutions, 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:

SHERON BOOTHE
            Name of Person

Virtual STAFF Solutions
            Firm/Company

527 Bristol Circle
            Address

Kissimmee, FL 34758
            City/State and Zip Code

Karinghandstaffing@Gmail.Com
          E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERON BOOTHE at (_347_) _251 - 6849_
    Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☒ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                      Certificate of Status   Certified Copy   Certificate of Status &
                                    (additional copy is enclosed)   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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TALLAHASSEE, FLORIDA

Virtual Staff Solutions, 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 August 30, 2010 and assigned
Florida document number L 10000090575.

This amendment is submitted to amend the following:

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

Karing Focus HealthCare Services, LLC
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)

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: _____
Enter Florida street address

_____, **Florida** _____
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 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**

Page 1 of 2

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

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Curtis Jendy	527 Bristol Circle Kissimmee, Fl 34758	☒ Add ☐ Remove
_____	_____	_____	☐ 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.)_

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TALLAHASSEE, FLORIDA
FILED

Dated August 27, 2011. 2011.

_____
Signature of a member or authorized representative of a member

SHERON BOOTHE, MGR
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00