

L11000055617

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TALLAHASSEE, FLORIDA

2014 JUL 29 6:27 AM

COVER LETTER

TG: Registration Section
Division of Corporations

SUBJECT: MD STAFFING 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:

CHRISTOPHER PARRELLA

Name of Person

MD STAFFING SOLUTIONS, LLC

Firm/Company

1900 PURDY AVENUE, #5

Address

MIAMI BEACH, FL. 33139

City/State and Zip Code

cparrella@vitalehealthlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Parrella

Name of Person

at (305) 671-3496

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 &
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

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

MD STAFFING SOLUTIONS, LLC

The Articles of Organization for this Limited Liability Company were filed on May 10, 2011 and assigned Florida document number L11000055617.

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

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

Civ

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

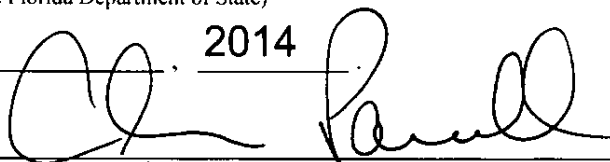
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 JULY 24

2014



Signature of a member or authorized representative of a member

CHRISTOPHER PARRELLA, MGRM

Typed or printed name of signee

FILED
14 JUL 29 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA