

**L11000072557**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000185571 3)))



H110001855713ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DORAL CORPORATE FILING SERVICE  
Account Number : I20070000081  
Phone : (305) 436-0979  
Fax Number : (305) 592-5575

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL 20 AM 8:26

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEALTH SPHERE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**T. CLINE**

JUL 21 2011

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
11 JUL 20 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000185571

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HEALTH SPHERE, 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 06/21/2011 and assigned  
Florida document number L11000072557

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**)

5201 Blue Lagoon Drive Suite 843  
Miami, FL 33126

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:

Frank R. Ocque

New Registered Office Address:

5201 Blue Lagoon Drive Suite 843

Enter Florida street address

Miami

Florida

33126

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

H11000185571

H11000185571

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	Gloria C. Ocque	3208 Huntington Weston FL 33332	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Frank Ocque Hernandez	3208 Huntington Weston FL 33332	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 JUL 20 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Dated

6/18/2011

Signature of a member or authorized representative of a member

FRANK R. OCQUE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H11000185571