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COVER LETTER

in the second se	
TO: Registration Section : Division of Corporations	
SUBJECT: Quality Heath Golwion Source 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:	
Merce des Joung Name of Person	
Quality Health Solution Source 11	0
2910 Givuande.	
City/State and Zip Code	· T
Mercedes Ramos Dhotmail competition E-mail address: (to be used for future annual report notification)	T
City/State and Zip Code MULLISV Ramos Divinual Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MULLIS Voung at 813, 965 444 65 65	T
Mering State 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,	

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Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chronity Health 201	whon Source 11C.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L11000102144</u>	vere filed on 09-07-2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Mexcedes Enterprise	Services LLC.
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2910 Girvan dr.
(Principal office address MUST BE A STREET ADDRESS)	land (Lakes FL34682
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO. Box 2639 Lutz Fl. 33548
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	N/A Ex
New Registered Office Address:	Enter Florida street address
	Florida 2
New Registered Agent's Signature, if changing Registered Agent:	City Fig Code V
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Name** <u>Address</u> **Type of Action Title** □ Add □ Remove ☐ Change D Add ☐ Remove ☐ Change □ Add _□ Remove Сhange DbA 🗓 □ Remove Change المما ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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1)		2015 SEC
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		2015 JUL 24 SEGRETARY OF TALLAHASSEE
 		FF S
		RIDA RIDA
n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the I		e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
record specifies a delaye	d effective date, but not an effective tin cord is filed.	ne, at 12:01 a.m. on the earlier (
The 90th day after the red	Signature of a member of authorized expresentative of	

Page 3 of 3

Filing Fee: \$25.00