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COVER LETTER

TO: Registration Section Division of Corpor		• • • • • • • • • • • • • • • • • • •	
SUBJECT: <u>GR</u>	OOKS HEALT, Name of Limite	A SERVICES, PLC d Liability Company	<u>'C</u>
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	CHRISTOR	PHER BROOKS Name of Person	
	BROOKS A	Firm/Company	<u> </u>
	1717 NW 2	Address APT.	1 A
	GAINESVIL	LE FL 3260 S City/State and Zip Code	<u> </u>
-		be used for fature annual report notification	
For further information conce	erning this matter, please call	:	
CHRISTOPHE Name of Per	SON BROOK-S	at (352) 222 - 4/3 Area Code Daytime Tele	578 ephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROOKS HEALTH SERVICES PLIC			
(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 MRY 12, 2014	an	d assig	gned
Florida document number <u>L/4000976579</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
BROOKS HEALTH SERVICES LLC			
BROOKS HEALTH SERVICES, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	abbreviati	on "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, ente registered agent and/or the new registered office address here:	r the na	me o	I the nev
	四四	1	
Name of Name Descriptions of America)CT	Real grades
Name of New Registered Agent:	<u> </u>	2	(-pare)
New Registered Office Address:	<u> </u>	+	<u> </u>
Enter Florida street address		Ĩ	Pirentsi
, Florida,	福空	ထဲ	
City	温炉	WB.	
New Registered Agent's Signature if changing Registered Agent:	75		

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

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

MGR = ' M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action

			□ Remove
		- Albert Marie Sale Sale Sale Sale Sale Sale Sale Sal	□ Remove
***************************************			□ Add
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			24 AR SE CONTROL OF THE REPORT
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			□ Add
			☐ Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Eff (The	ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Da	ted <u>0 c 7 , 2 / , 2 0 / 4 , </u>
	Signature of a member or authorized representative of a member
	CHRISTOPHER BROOKS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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