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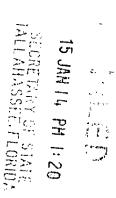
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J. Shivers JAN 29 2015

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COVER LETTER

	gistration Sec vision of Corp			. * - ,,
CUD IECT	Omega A	Advanced Nurse Praction	ce, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Reynald Omega		
			Name of Person	
			Firm/Company	
8465 Phoenician CT				
			Address	
		Davie FL 33328		
			City/State and Zip Code	·
		oreynald@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Reynald	Omega		954 303-3394	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

COVER LETTER

TO:	Registration Se Division of Cor			
CIID IE	Omega A	Advanced Nurse Practic	ce, LLC	
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Reynald Omega		
		, 11,,,	Name of Person	
			Firm/Company	
		8465 Phoenician CT	<u>. </u>	
			Address	
		Davie FL 33328		
			City/State and Zip Code	
		oreynald@gmail.com		
For furtl	ner information co	oncerning this matter, please ca	to be used for future annual report notifi all:	ication
Reyna	ald Omega		954 303-3394	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$2 5.	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omega Advanced Nurse Practice, 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 10-14-2014 and assigned Florida document number _L14000162949 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Omega Advanced Health Practice, 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 City

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jovens N. Sans Peur	8465 Phoenician Ct	Add
		Davie FL 33328	□ Remove
AMBR	Ilda E. Sans Peur	8465 Phoenician Ct	
		Davie FL 33328	□ Remove
AMBR	Sans Pear Jouens N	8465 Phoenician C	☐ Add
		Davie FL 33328	■ Remove
AMBR	Ssna Pear, Ilda E	8465 Phoenician Ct	, □ Add
		Dave FL 33328	Rémove
			SSEC AND SEC STATE OF SECOND AND
			Remove □
			Remove

	<u> </u>	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of red date this document is filed by the Florida Department of S	receipt or filed date and cannot be	(optional) more than 90 days after
ated January 12, S	2015	
Munica		
		'n manha-
	er or authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00

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