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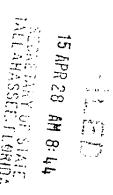
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

onal Health Consulting Services Limited Liebility Conggo (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 15000069062 Florida document number 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 contain 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: National Health Consulting Services 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:
Daryl A. Goldskin Name of Person
National Health Consulting Services LLC Firm/Company BOOD North Federal Highway Swifet 300
BOOD North Feoleral Highway Swifett 300
Boca Raton, FL 33487
dary goldskine yahoo. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Darm A. Goldskin #917, 439-5390 3
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Certificate of Status}\$  \$25.00 Filing Fee \$\text{Certified Copy} \\ (additional copy is enclosed)  \$25.00 Filing Fee \$\text{Certified Copy} \\ (additional copy is enclosed)  \$25.00 Filing Fee \$\text{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

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

<u>Title</u> MGR	Name  Name  A. Goldskir	Address BOOO North Federal H Suite#300	Type of Action
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