Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

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

Emnil	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HEADSTART VMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

HEADSTART VMS, LI				
(Name of the Limited Lishility Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)			
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L15000113276</u> .	d on July 6, 2015 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability com	pany here:			
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
	# G			
Enter new mailing address, if applicable:	<u>></u>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address here:	lress on our records, enter the name of th			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
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 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

From: M. BURR KEIM CO. Fax: (215) 977-9388 To: Fax: (850) 817-8383 Page 3 of 4 07/11/2018 12 57 PM

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>	Name	Address	Type of Action
MGR	Robert M. Hollenshead	1373 Lancaster Road	Add
		Manheim, PA 17545	☐ Remove
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	11th	2018	-:			
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ated July		_				

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Filing Fee: \$25.00