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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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R. WHITE

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division o	of Corporations		
eud wet.	QPI Healthcare Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all cor	rrespondence concerning this matter	to the following:	
	Pam Seymour		
		Name of Person	
	QPI Healthcare Ser	vices LLC	
		Firm/Company	
	403 N US Hwy 1		
		Address	
	Fort Pierce, Fl 3495	0	
		City/State and Zip Code	
	pams@qpihes.org	to be used for future annual report notific	eation)
For further informa	ation concerning this matter, please c		
Pam Seymour		772 828-2303	
	lame of Person	at ()	Telephone Number
Enclosed is a check	: for the following amount:		
■ \$25,00 Filing F	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)
	ddress: tion Section of Corporations	<u>Street Address:</u> Registration Secti Division of Corpe	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

w appears on our rempany) d on04/21/2016 pany here: N US Hwy 1 Pierce, FI 34950	and assigned and assigned
pany here: ny," the designation " N US Hwy 1	"LLC" or the abbreviation "L.L.C."
ny," the designation " N US Hwy 1	
ny," the designation " N US Hwy 1	
N US Hwy 1	
Pierce, Fl 34950	
n our records, <u>cr</u>	nter the name of the new regist
nter Florida street ac	ddress
	. Florida
	гір с ош
	. FloridaZip Code
	Enter Florida street ac

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 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>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
			□ Change
 			□Add
			□Remove
		,	□Change
			□Add
			□Remove
			□Change
			⊡Add
			□Remove
			□Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
			E Character

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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If an ef <u>Note:</u>	ive date, if other than the date of filing: [10/01/2020] (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	October1 2020
	Signature of a member or authorized epresentative of a member
	Suggique of a quedioet of autopited xepreschanive of a member

Filing Fee: \$25.00