L16000173766

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2016 OCT -5 AM 9:22

M. MILLIGAN

OCT 07 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PMA HEALTH 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:

PATRICK DIORO
Name of Person

PMA HEALTH SERVICES, LLC
Firm/Company

2221 NE 164 ST Suite 298
Address

NORTH MIAMI BEACH, FL 33162
City/State and Zip Code

PMAHS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK DIORO at (786) 838-5687
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 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

PMA HEALTH SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 OCT -5 P 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 16, 2016 and assigned Florida document number L16000173366.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NO

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)

13899 Biscayne Blvd Suite 410
North Miami Beach, Fl 33181

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2221 NE 164 ST Suite 298
North Miami, Fl 33162

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: None

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

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

Title	Name	Address	Type of Action
ADM	PATRICK DIORO	2425 NW 176th TERRACE	■ Add
			☐ Remove
			☐ Change
Mgr,AST	MARIE DESTAUL	2425 NW 176 ST	■ Add
		MIAMI, FL 33056	☐ Remove
			☐ Change
MGR	MYRTHA FERDINAND	2425 NW 176 ST	■ Add
		MIAMI, FL 33056	☐ Remove
			☐ Change
REP	ACHIA DOYLEY-HUNTER	N/A	☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove the name of ACHIA DOYLEY-HUNTER as a member or an authorized representative from this PMA HEALTH SERVICES, LLC as today September 26, 2016.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/26/16, _____.

/s/ _____
Signature of a member or authorized representative of a member

PATRICK DIORIO
Typed or printed name of signee

FILED
2016 OCT -5 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00