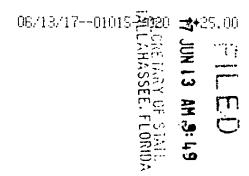
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(Requestor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor										
MONICA ANN PROVIDER SERVICES, LLC SUBJECT:											
SUBJI	scr:	Name of Lim	ited Liability Company	 							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.								
Please	return all correspo	ndence concerning this matter	to the following:								
		BARNEY W. JOHNSON									
			Name of Person								
		MONICA ANN PROVIDI	ER SERVICES, LLC								
			Firm/Company								
		1616 MYRTLE LAKE AV	/E								
			Address								
		FRUITLAND PARK, FL	34731								
			City/State and Zip Code								
		MONICAANNPS@YAHO		<u>. </u>							
			to be used for future annual report notif	ication)							
For fur	ther information co	oncerning this matter, please co	all:								
BARN	IEY W. JOHNSON	٧	352 255-4636								
	Name o	f Person		Telephone Number							
Enclos	ed is a check for th	ne 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)							

TO:

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

MONICA ANN PROVIDER SERVICES, 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 $\underline{\text{JUNE 2. 2017/08:00 AM}}$ and assigned Florida document number L17000120955 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 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

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>	<u>Address</u>	Type of Action
AMBR	MARK S. JOHNSON	1616 MYRTLE LAKE AVE	
		FRUITLAND PARK, FL 34731	□ Remove
			☐ Change
MGR	BARNEY W. JOHNSON	1616 MYRTLE LAKE AVE	■ Add
		FRUITLAND PARK, FL 34731	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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