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COVER LETTER

Divi	sion of Corp	orations		
	Guardian Pha			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Vikram Saini		
			Name of Person	
			Firm/Company	
		483 N. Semoran Blvd, Suite	e 205	
			Address	
		Winter Park, FL 32792		
		vikramjsaini@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further in	formation cor	neerning this matter, please ca	ill:	
Vikram Saini			at () 219-5658 Area Code Daytime	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	lling 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:

TO:

Registration Section

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

any as it now appears on our records.) Liability Company)	
were filed on 09/15/2017	and assigned
oility company here:	
	(i)
ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
483 N. Semoran Blvd.	
Suite 109	J.
Winter Park, FL 32792	
	
483 N. Semoran Blvd.	<i>.</i> , <i>i</i>
Suite 109	
Winter Park, FL 32792	
	enter the name of the i
Enter Florida street address	
Enter Florida street address , Flori	
	Suite 109 Winter Park, FL 32792 483 N. Semoran Blvd. Suite 109

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Healthcare Services of Florida,	483 N. Semoran Blvd.	
	I.I.C		
		Suite 205	G "
		Winter Park, Fl. 32792	■ Remove
			Remove
			Change
AMBR	Ganesh Ramachandran	483 N. Semoran Blvd.	
		Suite 109	
		Winter Park, FL 32792	Remove
		Wither Fark, FD 32772	Change
AMBR	Siva Kondapalli	13461 Bellaria Circle	
		Windermere, FL 34786	■ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			☐ Change

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fective date, if other than the date of n effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	es not meet the appl	licable statutory fil	(opti more than 90 days afte ing requirements, thi	onal) r tiling.) Pursuant to 605.02 s date will not be listed
record specifies a delayed effec The 90th day after the record is		not an effective	time, at 12:01	a.m. on the earlier
November 19th ted	2018			
4/	T/	·		

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Typed or printed name of signee

Filing Fee: \$25.00