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Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTH PERFORMANCE SPECIALISTS, LLC**

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Estimated Charge	\$25.00

6/21/18 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Performance Specialists, 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:

Radha V. Bachman, Esq.

Name of Person

FisherBroyles, LLP

Firm/Company

4830 W. Kennedy Blvd., Ste. 600

Address

Tampa, FL 33607

City/State and Zip Code

radha.bachman@fisherbroyles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Radha V. Bachman, Esq.

at (**813**)

200-6114

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,
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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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

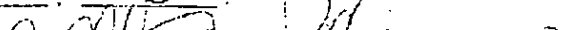
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	C. Christopher Pittman	2815 West Virginia Ave, Suite A	<input type="checkbox"/> Add
		Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
		2815 West Virginia Ave, Suite A	<input type="checkbox"/> Change
MGR	C. Christopher Pittman	Tampa, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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6-1

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Dated June 17, 2018

 Signature of a member or authorized representative of a member
C. Christopher Pithers
 Typed or printed name of signee