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Fax Number : (850)617-6383

From:

Account Name : FISHER BROYLES, LLP

Account Number : I20180000022 Phone : (813)200-6114 Fax Number : (813)402-0556

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*;

cpittman @ vein911.com

0

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTH PERFORMANCE SPECIALISTS, LLC

Certificate of Status	0 :
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## **COVER LETTER**

TO:	Registration S Division of Co			
CED IE	Health Pe	erformance Specialists, LLC		
SUBJE	.01:	Name of Lir	nited Liability Company	
The enc	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please r	return all corresp	condence concerning this matter	to the following:	
		Radha V. Bachman, Es	q.	
			Name of Person	
		FisherBroyles, LLP		<b>7</b>
			Firm/Company	
		4830 W. Kennedy Blvd.	, Ste. 600	,
			Address	)
		Tampa, FL 33607		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		radha.bachman@fisherb	royles.com	
			to be used for future annual report notif	ication)
I of meti	ner information	concerning this matter, please of	all:	
Radha	a V. Bachm	an, Esq.	813 200-6114	ļ
	Name	of Person		Telephone Number
Enclosed	d is a check for	the following amount:		
□ \$25.	.00 Fiting Fee	□ 530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (acditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. F	JNG ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clirton Building 2061 Executive Cer Tallahassee, FL 323	n ations ater Circle

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Health Performance Specialists, LLC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000108807	were filed on 5-4-2018 and assigned
This amendment is submitted to amend the following:	
•	200
A. If amending name, enter the new name of the limited liab	nity company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2815 West Virginia Avenue
(Principal office address MUST BE A STREET ADDRESS)	Suite A
	Tampa, FL 33607
Enter new mailing address, if applicable:	2815 West Virginia Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Suite A
	Tampa, FL 33507
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zap Code
New Registered Agent's Signature, if changing Registered Agent:	Сау Др Соде
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Change 1	ging Registered Agent, Signature of New Registered Agent of 3

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>	Name	<u>Address</u>	Type of Action
AMBR	C. Christopher Pittman	2815 West Virginia Ave, Suite A	
		l'ampa, FL 33607	■ Remove
		2815 West Virginia Ave, Suile A	<b>5</b> a.
MGR	C. Christopher Pittman	Tanipa, FL 33607	
	<del>-</del>		<u> </u>
			□ Add
			Remove
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ited Jiv	= 17	) (J. J. J. G. B. C. J. J. G. B.	F-100	<u> </u>	
			<del></del> \\		
<del></del>	Signatu A A	re of a member or puth	onzed representative of	a member	

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