

L18 000186361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

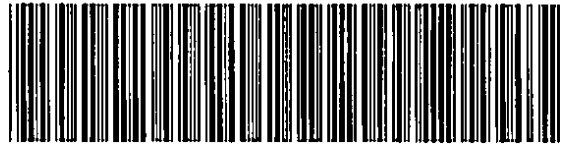
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FILED  
2022 MAY 13 PM 1:47  
CLERK OF COURT  
JULIA A. GRIFFIN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MSH 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:

Brent Olsavsky  
Name of Person

MSH Health Services LLC  
Firm/Company

335 Pineda Court #105  
Address

Melbourne FL 32940  
City/State and Zip Code

Brent@originnurses.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Olsavsky at (704) 912-7842  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MSH Health Services LLC

2022 MAY 13 PM 1:47

(Name of the Limited Liability Company as it now appears on our records.) OF STATE  
(A Florida Limited Liability Company) ALLAHASSLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/3/2018 and assigned Florida document number L18000186361

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 the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Brent Olsavsky	335 Pineda Court #105	<input checked="" type="checkbox"/> Add
		Melbourne FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Taylor Welch	335 Pineda Court #105	<input checked="" type="checkbox"/> Add
		Melbourne FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
partner	Brent Olsavsky	335 Pineda Court #105	<input type="checkbox"/> Add
		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
partner	Taylor Welch	335 Pineda Court #105	<input type="checkbox"/> Add
		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
partner	Joseph Kilmer	335 Pineda Court #105	<input type="checkbox"/> Add
		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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) 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. If no effective date is listed, the date of filing will be used for all applicable statutory filing requirements. This date will not be listed as the

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 May 6<sup>th</sup> 2022

Signature of a member of authorized representative of a

Signature of a member or authorized representative of a member

Brent Olsavsky  
Typed or printed name of signer

Typed or printed name of signer

**Filing Fee: \$25.00**