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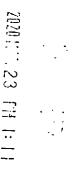
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## **COVER LETTER**

	istration Secti ision of Corpo				
	VP HEALTH	I SERVICES, LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	Anicles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	lence concerning this matter to	o the following:		
		VANESSA PENARANDA			
		VP HEALTH SERVICES,	Name of Person LLC		
		3029 NW 44 STREET	Firm/Company		
		MIAMI, FL 33142	Address	10-1	
		PENARANDA27@YAHO	City/State and Zip Co	xle	
		E-mail address: (to	be used for future ann	iual report notificati	ion)
For further in	nformation con	cerning this matter, please cal	u:		
	PENARANDA		954	3485843	
	Name of P	Person	at () Area Code	Daytime Te	lephone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	Filing Fee	■ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	,	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Address: gistration Se		Regi	t Address: stration Sectio	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VP HEALTH SERVICES, LLC	2070 ::: 7. 22 2
(Name of the Limited	Liability Company as it now appears on our records.)
	oility Company were filed on and assigned
his amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of th	ae limited liability company here:
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address I	istered office address on our records, <u>enter the name of the new regist</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Elevi le stead est leve
	Enter Florida street address
	, Florida
	City 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 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
MGR	PENARANDA, VANESSA	3029 NW 44 STREET, MIAMI, FL 33142	_
			□Remove
			□Change
Р	PENARANDA, VANESSA	3029 NW 44 STREET, MIAMI, FL 33142	🗀 Add
			≣Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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