L23 000 293 278

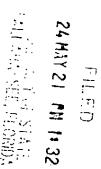
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2002)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700430112567

05721.774 - 01028 - 022 - 4425, 00



COVER LETTER

TO:	Registration Sec Division of Corp					
SHRII	ECT:	FHR	Service			
30.00		<u> </u>	Name of Lim	ited Liability Company	· , ·	
Тһе ел	closed Articles of A	Amendment an	d fee(s) are sub	mitted for filing.		
Please	return all correspor	idence concerr	ing this matter	to the following:		
			Danie	Name of Person	<u>a</u>	
			EHR	Services Firm/Company	L.C.C	
			1215	Hawley C Address	∤.	
			lalrico d-ri	City/State and Zip Code Vere 93 (a) To be used for future annual	5594 Yahov.	
			E-mail address: (t	to be used for future annual	report notification	1)
For fur	ther information co	ncerning this r	natter, please ca	all:		
	Daniel Name of	Rive	era	at (<u>813</u>) Area Code	UID - Daytime Telep	1989 Ohone Number
Enclos	ed is a check for the	e following am	ount:			
⊡√\$ 2	5.00 Filing Fee	S30.00 Fi	ling Fee & ate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations

Street Address:
Registration Section
Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EHR Services	
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability (Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number 123000293278	ed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability cor	npany here:
	24
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	72 F
(Principal office address MUST BE A STREET ADDRESS)	
	32 132
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 agent and/or the new registered office address here:	on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
Cin	, Florida Zup 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

Title Name Address Type of Action

MGR Daniel Rivera 1215 Hawley Ct PAdd

Valrico, Fl- 33594 PRemove

	Valrico, Fl. 33594	[]Remove
		Change
 		🖸 Add
		□Remove
		□Change
 		□Add
		□ Remove
		[] Change
 		□Add
		□ Remove
		Change
 		□Add
		□ Remove

_____ Change

				<u>.</u>		· 	
		<u> </u>	**				
	 			 .			
					·		
							
-							
		_		-			
					<u> </u>		
		· · · · · ·					
							
	<u> </u>						
					<u> 111</u>		
-		•					
	<u></u>						
ffective date is	other than the o	be specific and ca	nnot be prior to	date of filing or i	nore than 90 da	(optional) ys after filing.) P	ursuant to 605