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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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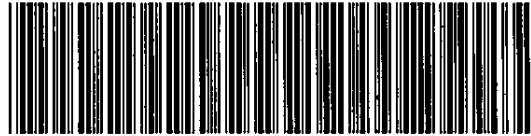
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPELLI REED 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:

C. MEINDERSEE
(Name of Person)
PRESERVATION CAPITAL CORP.
(Firm/Company)
131 OXBOW MARINA DRIVE
(Address)
ISLETON, CA 95641
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Meindersee/Exec. Admin. at (**916**) **777-5607**
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CAPELLI REED LLC

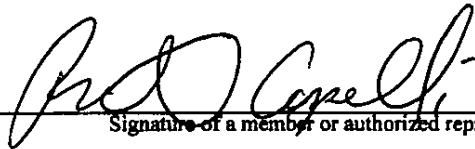
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on APRIL 10, 2006 and assigned
document number L06000037555.

SECOND: This amendment is submitted to amend the following:

Name Change to: A M HEALTH SERVICES, LLC

Dated June 29, 2007



Signature of a member or authorized representative of a member

ROBERT CAPELLI

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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