## L06000/15369

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
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,
(Business Entity Name)
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A. LUNT

AUG 28 2008

**EXAMINER** 

Office Use Only



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08/27/08--01013--018 \*\*25.00

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	EMS GP,	L.L.C.			
	(Name of Lim	ited Liability Company)			
	f Amendment and fee(s) are sub				
Please return all corresp	ondence concerning this matter	to the following:			
		(Name of Person)			
	Carol A. Vance, Esq. CPA, PLC  411 55th Avenue			ZOO SE	
	St. Pete Beach. FL 33706  (Address)			8 AUG 27 CRETAR	7
,				2008 AUG 27 SECRETARY	
		(City/State and Zip Code)			
For further information	concerning this matter, please c	all:		2: 4.7 STATE LURIDA	
Carol	Vance	at 727, 367 1	222		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	l	
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)	Certified (	of Status &	sed)
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  PINCI as Park of The TI  33785	FMS GP	L.L.C.
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company fiere: (Remove periods)  FMS GP LUC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation of LCC for the abbreviation "LLC."  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)  Florida 33781  (City) (Zip Code)	( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
A. If amending name, enter the new name of the limited liability company here:    Remark periods	The Articles of Organization for this Limited Liabili	ty Company were filed on $12/1/06$ and assigned $5369$
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "ELCC" the abbreviation "LL.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailling 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)  (City)  Florida 3 3 7 8 1  (City)		
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:  New Registered Office Address:  (Enter Florida street address)  PINE   AS POST OFFICE BOX)  (Enter Florida street address)  PINE   AS POST OFFICE BOX)  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)  PINE   AS POST OFFICE BOX  (Enter Florida street address)	MS GP L	
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:    New Registered Office Address:   Compared to the new of the new of the new of the new of the new registered office address here:    New Registered Office Address:   Compared to the new of the new registered agent and/or the new registered office address here:    New Registered Office Address:   Compared to the new of the new registered agent and/or the new registered office address here:    New Registered Office Address:   Compared to the new of the	The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "ELCTor the abbreviation
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:    Come as above	• • • • • • • • • • • • • • • • • • • •	O dem
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:    Cobe	<u>(Principal office address MUST BE A STREET AI</u>	33785
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:    Cool   Cool   Cool	Enter new mailing address, if applicable:	some as above
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:    Cobert Miller	(Mailing address MAY BE A POST OFFICE BOX	
(Enter Florida street address)  PINELLAS PAK, Florida 33781  (City) (Zip Code)		• — — —
(Enter Florida street address)  PINELLAS PAK, Florida 33781  (City) (Zip Code)	Name of New Registered Agent:	Robert Miller
Pinellas Park, Florida 33781 (City) (Zip Code)	New Registered Office Address:	600 66th Street North
· · · · · · · · · · · · · · · · · · ·	£	INellas Park, Florida 33781
	New Registered Agent's Signature, if changing Regis	• •

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 chies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 698, 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)

Page 1 of 2

If ameraling the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name **Address** \_ Add ☐ Remove \_ Add Remove 🗂 Add Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00