

LO7000124110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

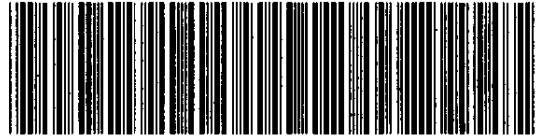
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 20 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Choice Medical Cosmetics, 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:

James L. Pruden, Esq.

Name of Person

James L. Pruden, PA

Firm/Company

900 North Federal Highway, Suite 410

Address

Boca Raton, FL 33432

City/State and Zip Code

lawjp1nova@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Pruden

Name of Person

at (561)

417-4644

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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

Choice Medical Cosmetics, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 14, 2007 and assigned Florida document number L07000124110.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1st Choice Medical Funding, LLC

The new name must be distinguishable and end with 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:

900 North Federal Highway, Suite 410

Enter Florida street address

Boca Raton

, Florida

33432

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 608, 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

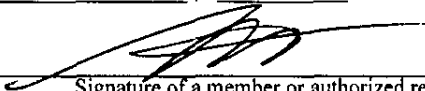
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Saber, Mojgan, H M.D.	1155 Brickell Bay Drive, #910 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	choice Medical Cosmetics, Inc.	Choice Medical Cosmetics, Inc. 2295 N.W. Corporate Blvd, #140 Boca Raton, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	1st Choice Medical Fund, Inc.	1st Choice Medical Funding, Inc. 2295 N.W. Corporate Blvd, #140 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 11, 2010


Signature of a member or authorized representative of a member

Gary Brown, President, 1st Choice Medical Funding, Inc.
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA