

L08000020913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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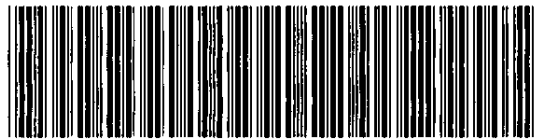
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 10 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AM HEALTHCARE LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAHIL KHANNA
Name of Person

AM HEALTHCARE LLC
Firm/Company

9040 STAR TRAIL
Address

NEWPORT RICHEY, FL, 34654
City/State and Zip Code

HARSHMEHTA02@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAHIL KHANNA at (**727**) **848-8300**
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

09 AUG - 7 PM 4: 22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AM HEALTHCARE, 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 02/27/2008 and assigned
Florida document number L08000020913.

This amendment is submitted to amend the following:

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

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:

9040 star trail , Newport Richey , Florida,

(Principal office address MUST BE A STREET ADDRESS)

34654

Enter new mailing address, if applicable:

9040 star trail , Newport Richey , Florida

(Mailing address MAY BE A POST OFFICE BOX)

34654

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:

SAHIL KHANNA

New Registered Office Address:

9040 STAR TRAIL

Enter Florida street address

NEWPORT RICHEY

, Florida

34654

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.

Sahil Khanna
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	SAHIL KHANNA	9040 STAR TRAIL NEWPORT RICHEY, FLORIDA 34654	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HARSH MEHTA	2277 HANNAH WAY S DUNEDIN, FLORIDA 34698	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 TALLAHASSEE, FLORIDA

Dated 08/05/09, _____



 Signature of a member or authorized representative of a member
SAHIL KHANNA

 Typed or printed name of signee