

LO9000049645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

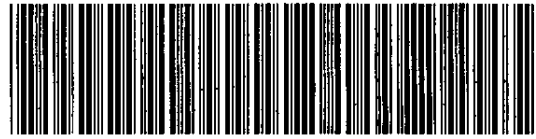
(Business Entity Name)

(Document Number)

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T. CLINE

OCT 19 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCK MEDICAL, 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:

Philip K. Clarke, Esq.
Name of Person
Kass Shuler Solomon Et Al
Firm/Company
1505 N. Florida Avenue
Address
Tampa, FL 33602
City/State and Zip Code
pclarke@kasslaw.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Philip K. Clarke at (813) 229-0900, ext. 1305
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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October 15, 2009

Florida Department of State
Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization;
CCK Medical, LLC

Dear Sir or Madam:

Enclosed please find an executed Articles of Amendment to Articles of Organization of CCK Medical, LLC, a Florida limited liability company, along with a check for payment of filing fees.

Please return all filed documentation to our firm, as shown on the Cover Letter included herein. If there are any questions about the enclosed or if anything further is needed in order to process this request, please do not hesitate to contact me at 813-229-0900, ext. 1319. Thank you.

Very truly yours,



Rima Norman
Paralegal

:rln
Enclosure

SECRETARY OF STATE
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2009 OCT 16 AM 10:14
TALLAHASSEE, FLORIDA

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

CCK MEDICAL, 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 May 21, 2009 and assigned Florida document number L09000049645.

This amendment is submitted to amend the following:

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

CCK MEDICAL, P.L.

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:

1505 N. Florida Avenue

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33602

Enter new mailing address, if applicable:

P.O. Box 7528

(Mailing address MAY BE A POST OFFICE BOX)

Seminole, FL 33775

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TALLAHASSEE FLORIDA

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:

Michael Kass

New Registered Office Address:

1505 N. Florida Avenue

Enter Florida street address

Tampa

Florida

33602

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.

Michael Kass
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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 STATE OF ARIZONA
 DEPARTMENT OF REVENUE

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

ARTICLE 3 of the company's Articles of Organization are amended to limit the purpose to the practice of medicine.

Dated 10/14/, 2009


Signature of a member or authorized representative of a member

Philip K Clarke
Typed or printed name of signer