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COVER LETTER

TO:	Registration Sec Division of Corp				
CHR H	ect. UNIT	ED MEDICAL HEA	ALTHCARE SOLUTION	IS, LLC	
Name of Limited Liability Company					
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		GREGORY RODRIGUEZ			
			Name of Person		
			Firm/Company		2010 OCT 29 PM 3: SECRETARY OF STALLAHASSEE. FLO
	P.O. BOX 83				AFF C
			Address		9358 876 876
		L(OUGHMAN, FL 33858		F 5
		THEALITOIN	City/State and Zip Code	COM	TATE ORID
			JURYDOCTORS@YAHOO to be used for future annual report notifi		₩
For fu	ther information co	oncerning this matter, please of	call:		
	GREGO	RY RODRIGUEZ	at (_407_)	446-8376	
	Name of	Person	Area Code & Daytime	e Telephone Number	
Enclos	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fec & Certified Copy (additional copy is enclosed) Certified	e of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations ax 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED MEDICAL HEALTHCARE SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/23/2010 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L10000020072 Florida document number _____ 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: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	GREG S RODRIGUE	Z 2086 2118 W BUSCH BLVD 2090 TAMPA, FL 33634	Add Remove
			Add Remove
			Add Remove ACC ACC ACC ACC ACC ACC ACC ACC ACC AC
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if n	
Dated	OCTOBER 28		
	Cianatara	of a member or authorized representative of a member	
	Signature	GREGORY RODRIGUEZ	
		Typed or printed name of signee	

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Filing Fee: \$25.00