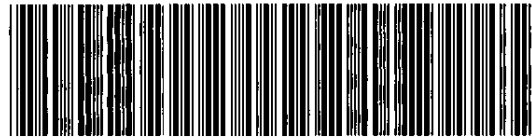


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05/27/10--01027--080 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE

MAY 28 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1910 MEDICAL CLINIC 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:

CHRISTOPHER JORDAN
Name of Person
1910 MEDICAL CLINIC LLC
Firm/Company
905 25TH DRIVE EAST
Address
ELLENTON FL 34222
City/State and Zip Code
1910PAIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS JORDAN at (**941**) **747-0925**
Name of Person Area Code & Daytime Telephone Number

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10 MAY 27 PM 4:44
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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**

1910 MEDICAL CLINIC 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 03/04/2010 and assigned Florida document number L10000024388.

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:

905 25TH DRIVE EAST

(Principal office address MUST BE A STREET ADDRESS)

ELLENTON FL 34222

Enter new mailing address, if applicable:

905 25TH DRIVE EAST

(Mailing address MAY BE A POST OFFICE BOX)

ELLENTON FL 34222

FILED
10 MAY 27 PM 12:46
SECRETARY OF STATE
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:

CHRISTOPHER JORDAN

New Registered Office Address:

8711 JASMEEN GARDEN CT

Enter Florida street address

TAMPA

City

Florida

33615

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

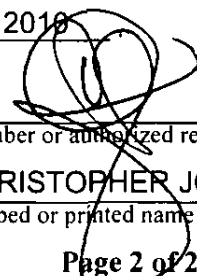
If amending the Managers of Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KRISTINA BRANA	1910 MANATEE AVE W BRADENTON FL 34205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRISTOPHER JORDAN	8711 JASMEEN GARDEN COURT TAMPA FL 33615	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 24TH, 2010



Signature of a member or authorized representative of a member

CHRISTOPHER JORDAN

Typed or printed name of signee

SECRETARY OF STATE
 PALM BEACH COUNTY, FLORIDA
 10 MAY 27 PM 4:44
 FILED