## #1/000058822

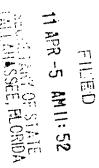
(Re	questor's Name)			
——————————————————————————————————————	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer:			

Office Use Only



200199784592

04/05/11--01028--008 \*\*25.00



K. SALY EXAMINER APR 7 2011

## **COVER LETTER**

TO:

TO:	Registrati Division o							
SHRJI	CT:	CON	IPREHENSIVE B	LOOD N	MANAGEME	NT, LI	LC	
Name of Limited L						<del></del>		
The en	closed Articl	es of Am	endment and fee(s) are sub	mitted for fi	ling.			
Please	return all coi	responde	ence concerning this matter	to the follow	ring:			
			RAYMOND B. CHILDRESS, CEO					
				Name	of Person			
			COMPREHENS	SIVE BLO	OD MANAGE	MENT,	LLC	
Firm/Company								
	1341 GULFPORT RUN							
	Address							
				GRAYS	ON, GA			
			<del></del>		nd Zip Code			
		-	RCHIL	DRESSO	BM@ATT.NE	T	n)	
For fur	ther informa	tion conc	erning this matter, please c		muut ropon	nounodio	,	
	RAY	MOND	B. CHILDRESS	at (_	770 )		-6664	
	N	ame of Pe	rson		Area Code & Da	ytime Tele	ephone Number	
Enclos	ed is a check	for the f	ollowing amount:					
\$25	.00 Filing Fe	e [	\$30.00 Filing Fee & Certificate of Status	— Certi	Filing Fee & fied Copy tional copy is encl	osed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
	R D P	egistratio ivision o .O. Box (	G ADDRESS: on Section f Corporations i327 e, FL 32314		STREET/CO Registration So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporation ng e Center (	s	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 APR -5 AM II: 52

FALLAHASSEE, MLORIDA

## COMPREHENSIVE BLOOD MANAGEMENT, 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 onJUNE 1	, 2010 and assigned
Florida document number <u>L10000058822</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1341 GULFPORT RUI	N
(Principal office address MUST BE A STREET ADDRESS)	GRAYSON, GA 3001	7
Enter new mailing address, if applicable:	1341 GULFPORT RUI	N
(Mailing address MAY BE A POST OFFICE BOX)	GRAYSON, GA 3001	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		`lorida
	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>	Address	Type of Action
MGR_	CHILDRESS, RAY	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	Add Remove
<u>s</u>	CHILDRESS, RAY	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	Add ✓ Remove
MGR	REED, CHARLES	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	Add Remove
<u>MGRM</u>	RAYMOND B. CHILDRESS	1341 GULFPORT RUN GRAYSON, GA 30017	Add Remove
CEO	RAYMOND B. CHILDRESS	1341 GULFPORT RUN GRAYSON, GA 30017	Radd Remove
<u>.</u>			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
 Dated	MARCH 31st	11 ond S. Children	<del></del>
	/ - •//	or authorized representative of a member	·
	•	OND B. CHILDRESS	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00