

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPREHENSIVE BLOOD MANAGEMENT, 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:

RAYMOND B. CHILDRESS, CEO
Name of Person

COMPREHENSIVE BLOOD MANAGEMENT, LLC
Firm/Company

1341 GULFPORT RUN
Address

GRAYSON, GA
City/State and Zip Code

RCHILDRESSCBM@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYMOND B. CHILDRESS at (770) 978-6664
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**

COMPREHENSIVE BLOOD MANAGEMENT, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
11 APR -5 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 1, 2010 and assigned Florida document number L10000058822.

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: 1341 GULFPORT RUN
GRAYSON, GA 30017
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1341 GULFPORT RUN
GRAYSON, GA 30017
(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
_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR	CHILDRESS, RAY	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
S	CHILDRESS, RAY	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	REED, CHARLES	109 SOUTHEAST 1ST AVENUE OCALA, FL 34471	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAYMOND B. CHILDRESS	1341 GULFPORT RUN GRAYSON, GA 30017	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CEO	RAYMOND B. CHILDRESS	1341 GULFPORT RUN GRAYSON, GA 30017	<input checked="" 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 MARCH 31st, 2011

Raymond B. Childress

Signature of a member or authorized representative of a member

RAYMOND B. CHILDRESS

Typed or printed name of signee