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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

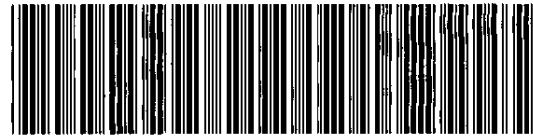
(Business Entity Name)

(Document Number)

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10 JUL 15 PM 04
SEC. OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 16 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OSCEOLA MEDICLINIC, 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:

Carlos ThurdeKoos
Name of Person
Osceola Mediclinic, LLC
Firm/Company
P O Box 691089
Address
Orlando, FL 32869
City/State and Zip Code
info@mctgroup.us
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
10 JUL 15 PM 12:04
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For further information concerning this matter, please call:

Carlos ThurdeKoos at (407) 481-8530
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**

Osceola Mediclinic, 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 June 16, 2010 and assigned Florida document number L10000064036.

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)

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10 JUL 15 PM 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Carlos ThurdeKoos

New Registered Office Address: 2501 Trafalgar Boulevard,
Enter Florida street address

Kissimmee, Florida 34758
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.

[Signature]
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>
MGRM	<u>Mediclinic LLC</u>	<u>2497 Trafalgar Boulevard</u> <u>Kissimmee, FL 34758</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	<u>Carlos ThurdeKoos</u>	<u>2501 Trafalgar Boulevard,</u> <u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Maria ThurdeKoos</u>	<u>2501 Trafalgar Boulevard,</u> <u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Luis A. Sosa-Lozano</u>	<u>2501 Trafalgar Boulevard,</u> <u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	<u>Monica E. Cabrera-Parra</u>	<u>2501 Trafalgar Boulevard,</u> <u>Kissimmee, FL 34758</u>	<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)*

FILED
 10 JUL 15 PM 04
 STATE OF FLORIDA
 SECRETARY OF STATE

Dated July 12, 2010



 Signature of a member or authorized representative of a member
Carlos ThurdeKoos

 Typed or printed name of signee