[10000124212

(Requestor's Name)				
· ·	,			
(Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		;		
L				

Office Use Only



700188432467

12/15/10--01019--004 **25.00

10 DEC 15 AM II: 29
SECRETARY OF STATE
TAN LAHASSEF, FI ORIDA

J. BRYAN

DEC 16 2010

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:		n Management, LLC	<u> </u>	
	f Amendment and fee(s) are sub condence concerning this matter	-		10 DEC 15 AM II: 29 SECRETARY OF STATE SECRETARY OF STATE
,		Jeffrey Berk Name of Person		11:29
	Atlantic	Health Management, Firm/Company	LLC	Tire.
	2701 NW	Boca Raton Blvd., Sui	te 118	
	В	oca Raton, FL 33431 City/State and Zip Code		
	atlantiche E-mail address: (t	althmanagement@gma o be used for future annual report	notification)	
For further information	concerning this matter, please c	all:	· , ,	
	Jeffrey Berk of Person	at (<u>646</u>) Area Code & Da	226-1695 aytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	te of Status &

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

Atlantic Health 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 on ____ December 2, 2010 Florida document number L10000124212 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 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_	Derek A. Schwartz, P.A	. 4755 Technology Way Suite 205 Boca Raton, FL 33431	Add Remove
MGR	Jeffrey Berk	8134 Twin Lake Dr. Boca Raton, FL 33496	Add Remove
		·	
	·		T Domous
			
			AddRemove
D. If amen	nding any other information, en	er change(s) here: (Attach additional sheet	s, if necessary.)
	· · · · · · · · · · · · · · · · · · ·	***************************************	SEGRE
 Dated	December 3	, _2010	ASSEE
		a member of authorized representative of a mem	ATE ORIDA
		Typed or printed name of signee of a	
		Page 2 of 2	

Filing Fee: \$25.00