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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA NURSING SERVICES, 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:

BARRINGTON COOMBS, CPA
(Name of Person)

(Firm/Company)

**BARRINGTON G. COOMBS & ASSOCIATES, P.A.
3500 N. STATE ROAD 7
SUITE 460
LAUDERDALE LAKES, FL 33310**

(City/State and Zip Code)

For further information concerning this matter, please call:

COURTNEY G. KEISE at (954) 723-7890
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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☐ \$60.00 Filing Fee,
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(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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALPHA NURSING SERVICES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/26/2005 and assigned document number LO5000094428.

SECOND: This amendment is submitted to amend the following:

DELETE THE FOLLOWING MANAGERS:

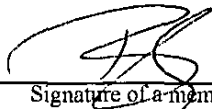
COURTNEY G. KEISE

AUDREY A. BARR-KEISE

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Dated September 6, 2006.



Signature of a member or authorized representative of a member

BARRINGTON COOMBS, CPA

Typed or printed name of signee

Filing Fee: \$25.00