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**EXAMINER** 

# **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	CCK N	MEDICAL, LLC			
	Name of Lin	oited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
		Philip K. Clarke, Esq.			
		Name of Person			
	Ka	ss Shuler Solomon Et Al			
		Firm/Company	<del>_</del>		
	1	505 N. Florida Avenue		•	
		Address		z1 ~	
		Towns El 22600		2009 OCT 16 SEASE LANS	
		Tampa, FL 33602 City/State and Zip Code	<del></del>		- Dream
	n	clarke@kasslaw.com		<b>添</b>	in the
	E-mail address: (	to be used for future annual report notific	cation)	\$7.651 ************************************	7
For further information	concerning this matter, please	call:		AH D. 47	**************************************
Р	hilip K. Clarke	at ( 813 ) 229-0	900, ext. 1305	受所 5	
	of Person	Area Code & Daytime		<del></del>	
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 enclosed)		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

Mark J. Bernet
Allison J. Brandt
Philip K. Clarke
Larry M. Foyle
Scott A. Frick
Brad W. Hissing
Clay A. Holtsinger
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# KASS, SHULER, SOLOMON, SPECTOR FOYLE & SINGER, P.A.

Attorneys at Law

Centre Square 1505 N. Florida Avenue, Tampa, Florida 33602-2613 (813) 229-0900 Ext. 1319 Fax (813) 769-7596

Mailing Address: P.O. Box 800, Tampa, Florida 33601-0800 E-mail: morman@kasslaw.com www.kasslaw.com

October 15, 2009

Edward B. Pritchard Charmaine A. Reed Melissa R. Rinaldi Elizabeth M. Ryan Thomas K. Sciarrino, Jr. James M. Shuler Ashley L. Simon Gilbert M. Singer Larry E. Solomon (1948-2001) Neil C. Spector Ronald H. Trybus Joan W. Wadler

Florida Department of State Division of Corporations Attn: Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Articles of Amendment to Articles of Organization;

CCK Medical, LLC

Dear Sir or Madam:

Enclosed please find an executed Articles of Amendment to Articles of Organization of CCI Medical, LLC, a Florida limited liability company, along with a check for payment of filing fees.

Please return all filed documentation to our firm, as shown on the Cover Letter included herein. If there are any questions about the enclosed or if anything further is needed in order to process this request, please do not hesitate to contact me at 813-229-0900, ext. 1319. Thank you.

Very truly yours,

Rima Norman Paralegal

rln Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCK M	EDICAL, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our ited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Com	pany were filed onMay 2	21, 2009	and assi	gned
Florida document numberL09000049645		•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
CCK ME	EDICAL, P.L.			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the c	lesignation "	LLC" or the al	bbreviation
Enter new principal offices address, if applicable:	1505 N. Florida Aver	nue		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u> Tampa, FL 33602		- Fas-9	3
	<del></del>			42.485 m
				4 (
Enter new mailing address, if applicable:	P.O. Box 7528		<i>442</i> 6	
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL 33775		R	(3)
			<b>5 5</b>	1
			57 £	<del></del>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, <u>enter</u>	the name of	the new
Name of New Registered Agent: Michael	Kass			<del></del>
New Registered Office Address: 1505 N.	Florida Avenue			
	Enter Florid	la street add	dress	
	Tampa	Florida	33602	
	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 addings, 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:

			Remove  Add Remove
			Remove
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			Add Remove
<del></del>	<del></del> .		DAdd O
	<del></del>		Add Ar
D. If amending an	y other information, enter change(s)	here: (Attach additional sheets, if necessary.)	5
ARTICL	E 3 of the company's Articles of	Organization are amended to limit the	~
purpose	to the practice of medicine.		
			<del></del>
Dated	10/14/ , 2009	<del></del> ·	
		Con Melus	
	Signature of a member or a	inthorized representative of a member of 1 (Clarket) rinted name of signec	

Page 2 of 2

Filing Fee: \$25.00