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(Requestor's Name)	_	
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## **COVER LETTER**

TO: .

то: .	Registration Secti Division of Corpo					
SHRIF	ct. AD	VANCED PERSO	NNEL INJURY CLINIC	LLC		
Name of Limited Liability Company						
The enc	locad Articles of Ar	nendment and fee(s) are sub	mitted for filing			
		ence concerning this matter				
i icasc i		ence concerning and matter	to the following.			
	·		LESTER I PEREZ			
			Name of Person			
		ADVANCED P	ERSONNEL INJURY CLINI	C LLC		
			Firm/Company		2011 SE	
7073 W WATERS AVE			CRE CRE			
		_	Address		TAIN ASS	Ī
			TAMPA FL 33634		2010 MAR 12 PM 2:55 SEGRETARY OF STATE TALLAHASSEE, FLORIDA	-
			City/State and Zip Code		STA	(
		YUSLE E-mail address: (t	EIDYS1@HOTMAIL.COM to be used for future annual report notific	ation)	55 TE NDA	
For furt	her information con	cerning this matter, please c	all:			
	LESTE	ER I PEREZ	at ( 786 )	3551540		
	Name of P	erson	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for the	following amount:				
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED PER	SONNEL INJURY C	LINIC LLC	
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	03/04/2010	and assigned
Florida document numberL10000024529	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	re:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation	
			SECRE ALL AH
Enter new principal offices address, if applicable:			表
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)		NRY SSE
			info . [T]
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	2: 56 FATE ORID
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street add		ddress	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LESTER   PEREZ	7073 W WATERS AV	E
			□ Domovo
<del> </del>			Add Remove
			Remove
			2010 Marve SECILIAH ABS
			☐ Adely C
D. If am	ending any other information	on, enter change(s) here: (Attach additional s	7>
Dated		7. Peec	
	Signa Les te	T. Peec ture of a member or authorized representative of a Typed or printed name of signee	n member

Page 2 of 2

Filing Fee: \$25.00