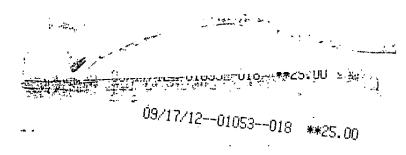
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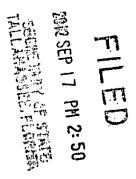
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J. BRYAN
SEP 1 8 2012

**EXAMINER** 



# Law Offices of Bret Jones P.A. ATROPNEYS AND COUNSELORS

## **Bret Jones**

Attorney, CEO
BJones@BretJonesPA.com

## Alison Strange

Managing Attorncy AStrange@BretJonesPA.com

### Ryan Cipparone

Associate Attorney RCipparone@BretJonesPA.com

### Cara Singeltary

Associate Attorney CSingeltary@BretJonesPA.com

#### Jaafar Choufani

Associate Attorney JChoufani@BretJonesPA.com

#### Amy Adams

Associate Attorney AAdams@BretJonesPA.com

# Clermont:

(Main Office) 700 Almond Street Clermont, FL 34711 Tel: (352) 394-4025 Fax: (352) 394-1604

#### Ococc:

129 McKey Street Ococc, FL 34761 Tel: (407) 573-0459

#### Winter Park:

201 W. Canton Ave. Suite 150 Winter Park, FL 32789 Tel: (407) 608-5484

www.BrctJonesPA.com Contact@BrctJonesPA.com

#### SENT BY REGULAR U.S. MAIL

September 13, 2012

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Paradigm Healthcare, LLC

Articles of Organization's amendment

Dear Sir or Madam:

JC/ms

**Enclosures** 

Enclosed for recording please find the amendment of the Articles of Organizations of Paradigm Healthcare, LLC.

Our firm check in the amount of \$25.00 is enclosed to cover the expense of recording this document. We have also enclosed a self-addressed, stamped envelope for your convenience in returning letter of acknowledgment to our office.

Thank you for your assistance in this matter.

Sincerely,

Jaafar Choufani



# **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SUBJI	ECT:	PARADIGM	,	
50101			ited Liability Company	拉图器工
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresponden	ondence concerning this matter	r to the following:	ER T PH 2:50
			JAAFAR CHOUFANI Name of Person	
			BRET JONES, P.A. Firm/Company	
		700 ALMOND STRET	<del></del>	
CL			LERMONT, FL 34711	
		JCHOUF	City/State and Zip Code  ANI@BRETJONESPA.C  to be used for future annual report in	OM
For fur	ther information of	concerning this matter, please of	•	ntrication
<u> </u>		AR CHOUFANI	at ( 352 )	394-4025
	Name (	of Person	Area Code & Day	ime Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAL	IGM HEALTHCARE, L	LC		
(Name of the Limited L (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liab	ility Company were filed on	08/27/2012	and assigned	
Florida document numberL120001098	<u>371         </u> .	ي	温息 也	
This amendment is submitted to amend the follow	_	<b>?</b>	and assigned	
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with a "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
		·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:		·		
	Enter Florida street address			
	/i+.	, Florida	Zip Code	
	City		zıp Соае	

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 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 Type of Action Address <u>Title</u> Name MGR DAVIAN SANTANA 11233 DWIGHTS RD. Remove CLERMONT, FL 34711 MGR DAVIAN SANTANA 4290 HWY 27 S ✓ Add Remove SUITE 201 CLERMONT FL 34711 ☐ Add Remove Remove Remove M∆dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary SEPTEMBER 13 2012 Dated \_\_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized epresentative of a member

JAAFAR CHOUFAN!

Typed or printed name of signee