

L000000002973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L-2973

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TO: Registration Section
Division of Corporations

SUBJECT: SUPERIORRNS 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:

PATRICIA HEVIA
(Name of Person)

SUPERIORRNS LLC
(Firm/Company)

29472 SW 193RD COURT
(Address)

HOMESTEAD FL 33030-2244
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA HEVIA at (786) 217-2971
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUPERIORRNS LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03/15/2000 and assigned
document number L00000002973.

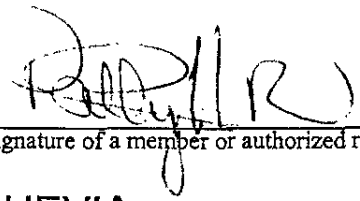
SECOND: This amendment is submitted to amend the following:

ARTICLE ONE:

THE NAME OF THE LIMITED LIABILITY COMPANY IS TO BE
CHANGED TO:

SUPERIOR HEALTHCARE SERVICES LLC

Dated MARCH 23, 2006.


Signature of a member or authorized representative of a member

PATRICIA HEVIA

Typed or printed name of signee

Filing Fee: \$25.00

03/15/2006 11:38:58
FILED
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA