## LUDUU00069

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
•		

Office Use Only



100116656341

**EXAMINER** 

MAR 1 9 2008

**B. KOHR** 

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Ste A Tallahassee, FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-18-08

NAME:

ACCELERATED HEALTH SYSTEMS OF FLORIDA, LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

COST: \$25

**RETURN:** 

ACCOUNT: FCA0000000015

**AUTHORIZATION**?

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE

Accelerated Health Systems of Florida LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 15, 2000 Florida document number <u>L00000006978</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A New Registered Office Address: (Enter Florida street address) Florida 32301 Tallahassee

## 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.

(II 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:

MGR = Manager MGRM = Managing Member Type of Action Title <u>Name</u> Address **MGRM** LAJT LTD 2050 Russett Way Carson City, NV 89703 ∏ Add √ Remove MGRM . Pivotal Acquisition Corp. 231 Walton Street, Suite 200 Syracuse, NY 13202 **✓** Add Remove Add Remove \_\_\_Add Пелюче □Add Remove \_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article II Principal Address: 231 Walton Street, Suite 200, Syracuse, NY 13202 Mailing Address: 231 Walton Street, Sulte 200, Syracuse, NY 13202 Dated March 14 2008 d or authorized representative of a member James Smith

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00