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## TRANSMITTAL LETTER

TO: Registration Division of 0				
SUBJECT:	Emergency Ph	ysicians of Naples,	LLC	
		imited Liability Company)		
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	I	Kirk A. Hintz		
		Name of Person)		
	Emerge	ency Physicians of I	Naples	
	1	(Pirm/Company)		
	111	2 Goodlette Road, S	uite 204	
		(Address)	OH AUG 18 PM	Sales Sales
<del></del>	Na (City	ples. Florida 34102 State and Zip Code)	<u></u> []]	9
For further information	n concerning this matter, please	• ,	M 2: 19	The same
K <u>irk A.</u> F	Hintz (Name of Person)		2-4519	
	(Name of Person)	(Area Code & Dayun	ne Telephone Number)	
Enclosed is a check for the	e following smount:			
\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose	:d)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emergency Physicians of Naples, PL

_	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on May 18, 2001 and assigned document number L01000007924.
SECOND	: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
	Article I - Name The name shall be changed to Emergency Physicians of Naples, LI (The Company)
	Article VI - Managers The following are the names and addresses of the managers who shall serve as the managers until their successors are elected and qualified:  Kirk A. Hintz, 1112 Goodlette Road, Suite 204, Naples, FL 34102 Gerhard Krembs, M.D., "  John Lewis, M.D., "  Alberto DeLaRivaherrera, M.D., "  Jeffrey Rosenfield, M.D., "  Andrew Shuter, M.D., "  John Sponaugle, D.O. "  JCC PRI 17
	Signature of a member or authorized representative of a member
	C-ERHARD KAEMRS M.A.  Typed or printed name of signee

Filing Fee: \$25.00