W10000/4094

(Re	equestor's Name)			
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2007 OCT 17 AMIN: 07

COVER LETTER

TO: Registration Division of C	s Section Corporations			
SUBJECT: C	noice Medical Manage (Name of L	ment Services, LLC imited Liability Company)		٠.
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	James N. McConnau	ghhay, Esquire (Name of Person)		
	McConnaughhay, Du	ffy. Coonrod. Pope & Wes (Firm/Company)	aver, P.A.	
	P. O. Drawer 229	(Address)		
	Tallahassee, FL	32302-0229 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	~
For further informatio	n concerning this matter, please	e call:		
	eConnaughhay ne of Person)	at (<u>850) 222-8121</u> (Area Code & Daytin	ne Telephone Number)	-
Enclosed is a check for t	he following amount:		OCT I RETAR AHASS	
S25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Cortificate Of Status	

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

	(Present Name) (A Florida Limited Liability Company)					
FIRST:	The Articles of Organization were filed on 8/22/2001 and assigned document number L01000014094	·				
SECOND:	This amendment is submitted to amend the following:					
	Name change of Choice Medical Management Services, LLC to					
	Unisource Managed Care Services, LLC					
	<u> </u>					
•	SEQ.	3007				
	AR C					
	SSE					
	DRA TOTAL					
Dated	10.9 , 2007.	-				
	mle p					
	Signature of a member or authorized representative of a member					
	Andrew W. Olwert III, Manager Typed or printed name of signee					

Filing Fee: \$25.00