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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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SUBJECT: PERFECT MEDICAL MANAGEMENT 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:

AMOL NIRGUDKAR, CPA

(Name of Person)

**RELIANCE CONSULTING, LLC** 

(Firm/Company)

3105 W WATERS AVE, SUITE 105

(A	(ddress)		··· ·	—	
TAMPA, FL 33614			ους 4 το στο <u>στο</u> στο το το το στο το το το στο το το το στο		
(City/State and Zip Code)		·			
For further information concerning this matter, please call:			28 D		
AMOL NIRGUDKAR, CPA	at ( 813	, 931-7258		9	
(Name of Person) (Area Code & Daytime Tele			ephone Num	ङ्	

Enclosed is a check for the following amount:

2 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

**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

PERFECT MEDICAL MANAGEMENT LLC

(Present Name) (A Florida Limited Liability Company)

- FIRST: The Articles of Organization were filed on 03/20/2003 and assigned document number L03000010103
- **SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

ADD NEW MANAGING MEMBER:

1) SHARAD LAKDAWALA 2908 W WATERS AVENUE # 101 TAMPA, FL 33614



Dated OCTOBER 21

2004

Signature of a member or authorized representative of a member

BHAVNA LAKDAWALA

Typed or printed name of signee

Filing Fee: \$25.00