

L03000036183

**Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLASSIC FIRE, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

APR 4 2011

EXAMINER

4/1/2011

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CLASSIC FIRE, 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 September 23, 2003 and assigned
Florida document number L03000036183

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CLASSIC EMERGENCY PARTNERS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

121 NW 3rd Street

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34475

Enter new mailing address, if applicable:

121 NW 3rd Street

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34475

D. 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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
TALLAHASSEE

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

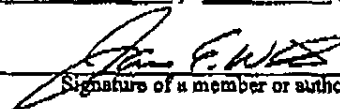
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated



Signature of a member or authorized representative of a member

James E. White

Typed or printed name of signer

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