## 103000040286

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Patient Practitioners, 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:		
Naomí F. Melvin		
(Name of Person)		
Patient Practitioners, LLC.		
(Firm/Company)		
1165 State Park Rd.		
(Address)		
Chipley,FI 32428		
(City/State and Zip Code)	700 E	<b>⊋</b>
For further information concerning this matter, please call:	BECHELLA TLA SASS	DE DETTI AMIII- 20
Naomi F. Melvin <sub>at (</sub> 877 <sub>)</sub> 771-3472	SEE FILOR SIS OF SIX	
(Name of Person) (Area Code & Daytime Telephone Number)		<b>E</b>
		ວ
Enclosed is a check for the following amount:	≫'''	2
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy Certificate of Status} \text{Certified Copy is enclosed} \text{Certified Copy} \text{Certified Copy}	ee. is &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patient Practitioners, LLC.

	(Present Name) (A Florida Limited Liability Company)			
FIRST:	The Articles of Organization were filed on October 21, 2003 and assigned document number L03000040286			
SECOND-	This amendment is submitted to amend the following:			
DECO: NO.	The following entity is added as a managing member:			
	Critical Links, LLC.		÷	
	2513 Pelican Bay Drive	<del>- 11 - 1 - 11</del>		-
	Panama City Beach FL, 32408			
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			0	
Dated Oc	etober 1st, 2006			
	Magne Signature of a member or authorized representative of a member			
	Naomi F. Melvin		_	
	Typed or printed name of signee			

Filing Fee: \$25.00