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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:

Naomi F. Melvin

(Name of Person)

Patient Practitioners, LLC.

(Firm/Company)

1165 State Park Rd.

(Address)

Chipley, FL 32428

(City/State and Zip Code)

For further information concerning this matter, please call:

Naomi F. Melvin

(Name of Person)

at ( 850 ) 415-4065

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
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(additional copy is enclosed)

**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

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TALLAHASSEE, FLORIDA

**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:

The following entity is added as a managing member:

AMDE LLC

340 Bunkers Cove

Panama City FL, 32401

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

07 JUN 21, PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated May 10th, 2007.

  
Signature of a member or authorized representative of a member

Naomi F. Melvin

Typed or printed name of signee

**Filing Fee: \$25.00**