

L04000014189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

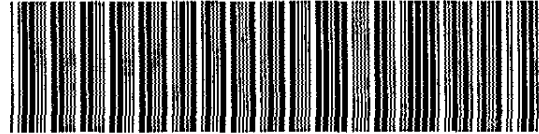
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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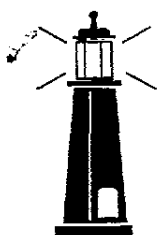
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LR03/16/04

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Beacon Healthcare Professionals, LLC.

6682 Time Square Avenue - Suite 102, Orlando, Florida 32835
Telephone (954) 788-2300 // Telefax (954) 788-0333

March 2, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Amendment of Articles of Organization: Document Nbr L04000014189.

Dear Madam or Sir,

Enclosed please find Articles of Amendment to Articles of Organization of BEACON HEALTHCARE PROFESSIONALS, LLC, a Florida Limited Liability Company, appended by a check in the amount of \$30.00 to cover the filing fee and certificate of status.

Please kindly file the attached, and kindly send to me a confirmation of same at the above address, or by email at beaconhealth@aol.com.

Should you have questions or comments of any sort, please do not hesitate to call me at the following telephone numbers:

Office/Daytime: (954) 788-2300
Cellular/Daytime: (954) 579-9644

Thank you in advance for your attention.

Very sincerely,

Theresa Pietro
Managing Member
Beacon Healthcare Professionals, LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEACON HEALTHCARE PROFESSIONALS, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was February 23, 2004.

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Article II

The street address of the principal office of the Limited Liability Company is amended to:

6682 Time Square Avenue, Suite 102
Orlando, Florida 32835

Article III

The mailing address of the Limited Liability Company is amended to:

6682 Time Square Avenue, Suite 102
Orlando, Florida 32835

Dated March 2, 2004



Signature of a member or authorized representative of a member

Theresa Pietro

Typed or printed name of signer

Filing Fee: \$25.00

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