Florida Department of State

Division of Corporations Public Access System

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(((H09000173049 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ; VITALMD GROUP HOLDING

Account Number : 120090000005

Phone

: (305)273-4641

Fax Number

: (30\$)273-0405 .

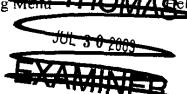


LINDA D. GREEN MD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60,00

M. THOMAS

Electronic Filing Menu JUL 3 1 2009 Corporate Filing



https://efile.sunbiz.org/scripts/efilcovr.exe

H09000173049 3

TO: Registration Section Division of Corporations
SUBJECT: Linda D. Green MD 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:
MELISSA D'ROUYKE
VitaIMD Group Holding, LLC
3225 Aviation Avenue Suite 700 Address
Mami FL 33133 City/State and Zip Code MOYOLIVE & Femwell.com E:-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call:
morourke @ temwell.com SE & =
For further information concerning this matter, please call:
Melissa O'ROUV'Ke at 306, 273.4641 85 80 Name of Person Area Code & Daytime Telephone Number 20
Enclosed is a check for the following amount:
\$25,00 Filing Fec \$30,00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fec, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (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

H09000173049 3

FROM : FEMWELL

FAX NO. :3052730405

Jul. 30 2009 11:40AM P4

H090001730

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linda D. Gree		,		
(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 Florida document number LO40000208740		4		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
	2. 37.127. (2)			
The new name must be distinguishable and end with the words "Lim"L.L.C."	iited Liability Company," the	designation "LLC" or the appreviation		
Enter new principal offices address, if applicable:		2009 SEC		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3225 Avia Suite 700 Miami, FL	tion Avenge III		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ords, enter the name of the new		
Name of New Registered Agent:	· Village			
New Registered Office Address:				
Enter Florida street address				
	City	_ FloridaZip 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

Page 1 of 2

H09000173049 3

MGR = Munager

H09000173049 3

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;

MGRM =	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	RObert Boyett, MD	8955 SW 87111 Court Suite 214 Mami, FL 33176	Add Remove
MGRM.	Vital MD Group Holding, U.C	3225 Aviation Avenue Suite 700 Miami, El 33133	Add
			Add Remove
			Add Remove
			A Remove
		E. FL ORD	Add Remove
D. Ifame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	7
_			
-			
Dated		Cobit Bours mo	_
		r or authorized representative of a member + Boyett MD or printed name of signife	

Page 2 of 2

Filing Fee: \$25.00