

AUG. 28 2008 2:18PM

GASSMAN, BATES & ASSOC

NO. 5603

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L04000034606

Florida Department of State
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Division of Corporations
Fax Number : (850) 617-6383

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Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
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D.I PARTNERS, L.L.C.

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J. BRYAN

AUG 29 2008

EXAMINER

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TALLAHASSEE, FLORIDA

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GASSMAN, BATES&ASSOC.

NO. 5603 P. 2/3
H08000203960

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D.I. PARTNERS, L.L.C.

(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 May 6, 2004 and assigned
Florida document number L04000034606.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

555 N. Byron Butler Pkwy.

Perry, FL 32347

B. If amending the registered agent and/or registered office address on our records, enter the name of the now registered agent and/or the new registered office address here:

Name of New Registered Agent:

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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NO. 5603 P. 3/3

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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>
MM	Joel K. Shugar, M.D.	P.O. Box 89 Perry, FL 32348	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Daniel Shugar	555 N. Byron Butler Pkwy. Perry, FL 32347	<input checked="" 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.)

Dated August 28, 2008.



Signature of a member or authorized representative of a member

Alan S. Gassman, as authorized representative

Typed or printed name of signee

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