L'04000056178

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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319 Ciemat's Street Suite 405 West Palm Beach, Florida 33401

; 561 653 3758 f 567 653 4258 www.acrayhfs.com

January 3, 2006

Registration Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC DOCUMENT NUMBER L04000056178

Dear Sir or Madam:

Enclosed are the following registration changes to aforementioned Company:

- Resignation of Managing Member
- · Articles of Amendment
- Written Consent of new Managing Member

Please return all correspondence concerning this matter to the following:

Mark D. Taudien ARRAY healthcare Facilities Solutions, LLC 513 Clematis Street, Suite 405 West Palm Beach, FL 33401

For further information concerning this matter please call: Mark D. Taudien at (561)653-3766

Enclosed is check for: Filing Fee of \$50.00 for Resignation and Articles of Amendment

C: Carl Davis - Array HFS

:: advisory services

planning

.: architecture

interior design



January 13, 2006

MARK D. TAUDIEN ARRAY HEALTHCARE FACILITIES SOLUTIONS 513 CLEMATIS STREET, SUITE 405 WEST PALM BEACH, FL 33401

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC Ref. Number: L04000056178

We have received your document for ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is the proper form for amending your LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 606A000028



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

MARK D. TAUDIEN ARRAY HEALTHCARE FACILITIES SOLUTIONS 319 CLEMATIS STREET, SUITE 405 WEST PALM BEACH, FL 33401

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC

Ref. Number; L04000056178

We have received your document for ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC and your check(s) totaling \$75.00. However, the document has not been filed and is being retained in this office for the following:

We originally mailed the enclosed documents to the address shown in your letter of January 3, 2006, a copy of which is attached. The documents were returned to us by the Postal Service, so we are re-mailing them to the different address shown on your letterhead.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist Letter Number: 806A00012562



March 29, 2006

Registration Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC DOCUMENT NUMBER L04000056178

Dear Sir or Madam:

Enclosed are the re-submission of following registration changes to aforementioned Company:

- Resignation of Managing Member
- **Articles of Amendment**

Please return all correspondence concerning this matter to the following:

Mark D. Taudien ARRAY healthcare Facilities Solutions, LLC 319 Clematis Street, Suite 405 West Palm Beach, FL 33401

For further information concerning this matter please call: Mark D. Taudien at (561)653-3766

Enclosed is a copy of the Florida Dept of State letter dated January 13, 2006

C: Carl Davis - Array HFS Jim Kukla

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: ARE	AY HEALTH CARE	FACILINE SOLUTION	Luc
	(Name of L	imited Liability Company)	
	of Amendment and fee(s) are su	_	
Please return all corresp	pondence concerning this matte	er to the following:	
	MARK D. TAU	DIEM	
-		(Name of Person)	70 8 M
	ARRAY HES	Lı C	PR PR
_	,	(Firm/Company)	- A
	319 CLEMATIS	STREET SUITE	APR -3 PH 1: 04
_		(Address)	FLORE OF
	MEST PALM	BEAGH . FL 334	
_	(City	BEAGH FL 334 (/State and Zip Code)	<u></u>
For further information	concerning this matter, please	call:	
_	tonouning one manar, produce	Vall.	
MAR	K D. TAUDIEN	at (561) 653	3 - 37 66 ne Telephone Number)
	(Name of Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ARRAY HEALTHEARE PACILITIES SOLUTION, LLC
	(Present Name) (A Florida Limited Liability Company)
	•
FIRST:	The Articles of Organization were filed on July 29, 2004 and assigned document number Le400055178
SECOND:	This amendment is submitted to amend the following:
	ARTICLE IV - MANAGEMENT
	THE LIMITED LUBILITY COMPANY IS TO
	MEMBER - MANAGED AND MARK D. TAUDIEN,
	A FLORIDA LICEUSED ARCHITECT, SHALL SERVE
	AS THE MANAGING MEMBER,
	For S
	A P
	See
	m ₂ 3 T
	P
Dated	FEB. 28, 2006.
	Duk D. Taledia
	Signature of a member or authorized representative of a member
	MARK D. TAUDIEN
	Typed or printed name of signee

Filing Fee: \$25.00