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SECRETARY OF STATE ARIDA

J. BRYAN

FEB 2 1 2011

EXAMINER

COVER LETTER

(ΤΟ: `

(TO: ` Registration) Division of C			
SUBJECT:	DRS GEBAUE	R & GORDON, P.L.C.	
		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
		AZINA KANJI	
		Name of Person	.,
	FINANCIAL	ACCOUNTING SERVICES	PLC
		Firm/Company	
	. 7	730 W COLONIAL DR	FEB 18 P
		Address	SSE P
	(ORLANDO, FL. 32804	YOF STATE
		City/State and Zip Code	92 -
	AZ	INAKANJI@AOL.COM	A
	E-mail address:	to be used for future annual report notification	ation)
For further information	concerning this matter, please	call:	
Д	ZINA KANJI	at (_407)4	23-2371
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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		STREET/COURIE. Registration Section Division of Corporat Clifton Building	
Tallahassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRS GEBA	UER & GORDON, P	.L.C	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited Liability	Company were filed on	01/04/2005	and assigned
Florida document numberL0500001276	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>·e</u> :	
HUNT (CLUB MEDICAL, PLC		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET AD)</u>	DRESS)		2 00
			温 丁
			B18 EIAS
Enter new mailing address, if applicable:			MA P IT
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- TP = 0
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office ac	idress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Rumess.	ter Florida street add	ress	
		_ , 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

×

If hmending 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>	Address	Type of Action				
MD	MICHAEL GURDON	Apopka, FL 32103	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amer	nding any other information, enter c	hange(s) here: (Anach additional sheets, if necessary.)	FILE 11 FEB 18 PM SECRETARY OF TALLAHASSEE.				
- -			F STATE F STATE				
Dated	FEBRUARY 15	2011 Compared to the control of a member of a					
	MICHAEL D GORDON Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00