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### **COVER LETTER**

Division of Corporations  SUBJECT: PASCO ALTERNATIVE HEALTHCARE, 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:  CYUTHIA CLAHON  (Name of Person)  PASCO ALTERNATIVE HEALTHCARE  (Firm/Company)  2216 US HIGHWAY /9  (Address)  HOLIDAY, FL 34691  (City/State and Zip Code)  For further information concerning this matter, please call:  CYNTHIA CLAHON  (Name of Person)  at 727  943-0300  (Name of Person)	•
(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:  CYNTHIA CLAHON  (Name of Person)  PASCO ALTERNATIVE HAUTHCARE  (Firm/Company)  2216 US HIGHWAY 19  (Address)  HOLIDAY , FL 34491  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  (Name of Person)  at 727 943-0300  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status  (City/Status)  (City/State and Zip Code)	
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Please return all correspondence concerning this matter to the following:  CYNTHIA CLANON (Name of Person)  PASCO ACTERNATIVE HAUTHCARE (Firm/Company)  J216 US HIGHWAY /9 (Address)  HOLIDAY IFL 3469 / (City/State and Zip Code)  For further information concerning this matter, please call:  CYNTHIA CLANON (Name of Person)  at (727) 943-0300 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$25.00 Filing Fee Certificate of Status (Certificate of Status & Certificate of Status & Certificate Opy	(Name of Limited Liability Company)
CYNTHIA CLAHON  (Name of Person)  PASCO ALTERNATIVE HEAUTHCARE  (Firm/Company)  2216 US H16HWAY 19  (Address)  HOLIDAY, FL 34691  (City/State and Zip Code)  For further information concerning this matter, please call:  CYNTHIA CLAHON  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (S25.00 Filing Fee Scertificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed)	The enclosed Articles of Amendment and fee(s) are submitted for filing.
PASCO ALTERNATIVE HEALTHCARE  (Firm/Company)  22/6 US HIGHWAY /9  (Address)  HOUDAY, FL 34691  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (\$25.00 Filing Fee	Please return all correspondence concerning this matter to the following:
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(Address)  HOLIDAY, FL 34691 (City/State and Zip Code)  For further information concerning this matter, please call:  CYNTHIA CLANON (Name of Person)  at (727) 943-0300 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (S25.00 Filing Fee Scertificate of Status Certificate of Status & Certificate Opy (additional copy is enclosed)	
For further information concerning this matter, please call:  CANTHA CLANON (Name of Person)  at (727) 943-0300 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy  Certified Copy	
CANTHIA CLAMON  (Name of Person)  at (727) 943-0300  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$25.00 Filing Fee  S30.00 Filing Fee & Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)	HOUDAY, FL 34691 (City/State and Zip Code)
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\ \text{Solonon}\$	For further information concerning this matter, please call:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}	CYNTHIA CLAMON at 727 943-0300 (Name of Person) (Area Code & Daytime Telephone Number)
Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy	Enclosed is a check for the following amount:
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#### 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

	PASCO ALTERNATIVE HEALTHCARE, LLC (Present Name)	-	
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on document number 4050000/5//4		
SECOND:	This amendment is submitted to amend the following:		
	REPLACE MANAGER WITH		
	CYNTHIA CLAMON.		
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	The state of the s	nec ?	11
Dated	2) -	7 MH:	
	Cythew Clamon	56	
	Signature of a member or authorized representative of a member  Whia Clamo  Typed or printed name of signee		

Filing Fee: \$25.00