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TALLAHASSEE, FLORIDA

J. BROWN JUN 21 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OUTPATIENT MEDICAL SUPPLIES LLC
(Name of Limited Liability Company)

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2005 JUN 15 PM 2:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL HONORE
(Name of Person)

OUTPATIENT MEDICAL SUPPLIES LLC
(Firm/Company)

5089 NW 41ST PLACE
(Address)

LAUDERDALE LAKES FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL HONORE at (954) 439-0142
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OUTPATIENT MEDICAL SUPPLIES LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 03-22-2005 and assigned document number 205000028546.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

THE NAME OF MGR:

DECOTE, JULIEN

SHOULD BE AMENDED TO READ

DECOSTE, JULIEN

FILED
2005 JUN 15 PM 2:20
TALLAHASSEE, FLORIDA

Dated JUNE 13TH, 2005.

[Signature]

Signature of a member or authorized representative of a member

MICHAEL HONORE

Typed or printed name of signee

Filing Fee: \$25.00