

JUN-05-2008 10:34

BRINKLEY, MORGAN, ET. AL

P. 01/04

LOS 600075432

Florida Department of State
Division of Corporations
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From:

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Account Number : 076077003213
Phone : (954) 522-2200
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NCP1, LLC

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCP1, 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:

JOHN A. BUBRICK

(Name of Person)

HEMOCARE SOLUTIONS PRIVATE PLUS, LLC

(Firm/Company)

2240 WOOLBRIGHT ROAD, SUITE 206

(Address)

BOYNTON BEACH, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT P. CHITOFF, ESQ.

(Name of Person)

at (954) 522-2200

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NCP1, LLC

(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 08/01/2005 and assigned
Florida document number: 105000075432

This amendment is submitted to amend the following:

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

HEMOCARE SOLUTIONS PRIVATE PLUS, LLC

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

Enter new principal offices address, if applicable:

2240 WOOLBRIGHT ROAD, SUITE 206

(Principal office address **MUST BE A STREET ADDRESS**)

BOYNTON BEACH, FL 33426

Enter new mailing address, if applicable:

SAME AS ABOVE

(Mailing address **MAY BE A POST OFFICE BOX**)

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

Name of New Registered Agent:

New Registered Office Address:

2240 WOOLBRIGHT ROAD, SUITE 206

(Enter Florida street address)

BOYNTON BEACH

Florida 33426

(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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PAUL LEVINE

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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

Title	Name	Address	Type of Action
MGRM	George Bubrick	ofc	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nancy BUBRICK	ofc	<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.)

Date:


Signature of a member or authorized representative of a member

GEORGE J. BUBRICK

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TOTAL P.04

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