

LOS 000104349

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

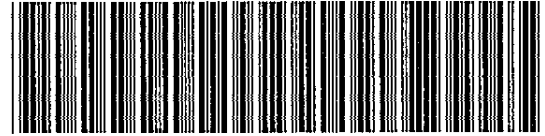
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHI 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:

BRIUE MCKIMBEN
(Name of Person)
R BRIUE MCKIMBEN P.A.
(Firm/Company)
1435 PIEDMONT DR. E SUITE 214
(Address)
TALLAHASSEE FL. 32308
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIUE at (850) 942-8585
(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
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**

PHI Healthcare, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on Oct. 24, 2005 and assigned document number L50004349.

SECOND: This amendment is submitted to amend the following:

Article IV is amended to read:

<u>Title</u>	<u>Name and Address</u>
<u>MGRM</u>	<u>Charles E. Trefzger</u>
	<u>46 Third Street NW</u>
	<u>Hickory NC 28601</u>

Dated January 30, 2006.

RB McKibben Jr.

Signature of a member or authorized representative of a member

R. Bruce McKibben, Jr.

Typed or printed name of signee

Filing Fee: \$25.00

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