

L05000117646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 23 2011  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Belle Glade Medical Holdings, 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:

**Jorge Daniel Ghiragossian**

Name of Person

**Blue Medical Holdings, LLC**

Firm/Company

**3347 S. State Road 7, Suite 100**

Address

**Wellington, FL 33449**

City/State and Zip Code

**dghiragossian@independentimaging.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jorge Daniel Ghiragossian**

Name of Person

at ( 561 )

**795-5558**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Belle Glade Medical Holdings, 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 12/09/05 and assigned  
Florida document number L05000117646.

This amendment is submitted to amend the following:

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

Blue Medical Holdings, 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:**

3347 S State Road 7, Suite 100

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

Wellington, FL 33449

**Enter new mailing address, if applicable:**

3347 S State Road 7, Suite 100

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

Wellington, FL 33449

**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:

Enter Florida street address

, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

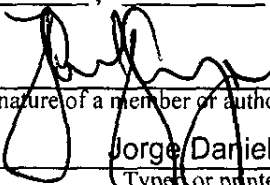
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 11 JUN 22 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated June 20, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Jorge Daniel Ghiragossian  
 \_\_\_\_\_  
 Typed or printed name of signee