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(Requestor's Name)							
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(Business Entity Name)							
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ON SEE JOHN SWITTER

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT: Hospita	al Supply Chain Se	ervices, LLC					
Schoect.		nited Liability Company)					
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.					
Please return all correspo	ondence concerning this matte	r to the following:					
	Michael Goodson						
		(Name of Person)					
Hospital Supply Chain Services, LLC							
		(Firm/Company)					
	9625 Commodore	Drive					
		(Address)					
Seminole, FL 33776							
(City/State and Zip Code)							
For further information of	oncerning this matter, please	cali:					
Michael Goods	on	at (727) 480-1817	at (727) 480-1817				
(Name	of Person)		e Telephone Number)				
Enclosed is a check for the	following amount:						
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

K

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

Hospital Supply Chain Services

...your partner for supply chain optimization

9625 Commodore Drive Seminole, FL 33776 Phone: 727 480-1817

September 11, 2007

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please forward all correspondence to Michael Goodson at the above listed address.

Sincerely,

Michael Goodson Owner/Manager

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Hospital Supply C					
		(Pre (A Florida Limi	sent Name) ted Liability Comp	any)		
		410	4/0006			
FIRST:	The Articles of Organization document number <u>L0600</u>	on were filed on	1/2006	and assigned		
CECOND.						
SECUND:	This amendment is submitted		_			
	Addition of Linda	Darin as Mana	iger			-
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	Michael Goods				·	
		Typed or prir	nted name of signee	:		