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TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCESS CARE PROVIDERS, 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:

ANNELIE URLANDA
(Name of Person)

ALLIED ODYSSEY, LLC.
(Firm/Company)

430 COVE TOWER DR. #501
(Address)

NAPLES. FL 34110
(City/State and Zip Code)

For further information concerning this matter, please call:

ANNELIE URLANDA at (239) 821-2775
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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**

ACCESS CARE PROVIDERS, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 2/22/06 and assigned document number LO6000019149.

SECOND: This amendment is submitted to amend the following:

ADD NEW MEMBER:

GUARDIAN PARTNERS, LLC. -MGRM

P O BOX 887

MARCO ISLAND, FL 34145

Dated JUNE 30, 2006.

Annelie Uurlanda

Signature of a member or authorized representative of a member

ANNELIE URLANDA

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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