

L060000020947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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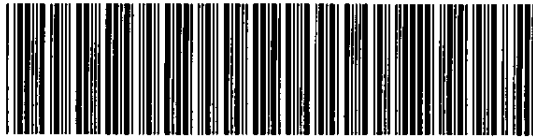
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAZARO SUAREZ 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:

LAZARO SUAREZ  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

12918 S.W. 47th TERRACE  
(Address)

MIAMI / FL 33175  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO SUAREZ at (305) 458-9755  
(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

FILED  
09 JAN 26 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LAZARO SUAREZ 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 February 24, 2006 and assigned Florida document number LOG000020947.

This amendment is submitted to amend the following:

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

PRACTICAL Healthcare Solutions and Funding 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:

(Principal office address MUST BE A STREET ADDRESS)

12918 S.W. 47th TERRACE  
MIAMI, FL. 33175

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12918 S.W. 47th TERRACE  
MIAMI, FL. 33175

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:

YUSLENY CRUZ

New Registered Office Address:

12918 S.W. 47th TERRACE

(Enter Florida street address)

MIAMI

(City)

Florida

FL 33175

(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.

[Signature]  
(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>
MGR	LAZARO SUAREZ	5620 S.W. 5 <sup>th</sup> TERRACE MIAMI, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR president	Yusleny Cruz	12918 SW 47 <sup>th</sup> TERRACE MIAMI, FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ELIO CABRERA	31400 SW 208 <sup>th</sup> COURT HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	Enrique VAZQUEZ	ENRIQUE VAZQUEZ 5342 SANDY SHELL DRIVE APOLLO BEACH, FL 33575	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LAZARO SUAREZ	6865 Bay Drive, #13 MIAMI BEACH, FL 33141	<input checked="" 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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 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

*Lazaro Suarez*

Signature of a member or authorized representative of a member

LAZARO SUAREZ

Typed or printed name of signee