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COVER LETTER

	ion Section of Corporations		
_{SUBJECT:} Me	d Pro Services, LLC		
	(Name of L	imited Liability Company)	
The enclosed Artic	cles of Amendment and fee(s) are su	ubmitted for filing.	
	orrespondence concerning this matte	-	
	Cynthia Lamb		
		(Name of Person)	
		(Firm/Company)	
	19309 Aqua Sprin	igs Dr	
		(Address)	
	Lutz, FL 33558		
	(City	//State and Zip Code)	
For further informa	ation concerning this matter, please	call:	
Cynthia Lamb (Name of Person)		at (813) 909- (Area Code & Daytim	-1577
	(Name of Ferson)	(Alea Code & Daylini	e Telephone Number)
Enclosed is a check f	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)

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>M</u>	ed Pro Services, L						
		(Present Name) (A Florida Limited Liability Con	npany)				
		- /- /					
FIRST:	The Articles of Organization document number <u>L0600</u>	on were filed on 3/8/2006 0024655	and assigned				
SECOND:	This amendment is submitted to amend the following: Add Patricia Puerto as a Managing Member of Med Pro Services, LLC.						
	Patricia resides at 5274 NW 109 Lane, Coral Springs, FL 33076						
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Dated INC	Wellinel I	, <u>2006</u>		TAR			
	CegnA	hà Lam Q		PH 1:0			
	Signature	of a member or authorized represen	tative of a member	\$H 2			
	Cynthia Lamb						
		Typed or printed name of sign	nee				