

L060000039931

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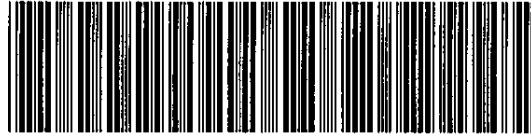
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DANNY'S BUS SERVICE, 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:

S. SCOTT CHOOS, ESQ,

(Name of Person)

(Firm/Company)

44 NE 16 STREET

(Address)

HOMESTEAD, FL 33030

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

S. SCOTT CHOOS

(Name of Person)

at ( 305 ) 242-0764

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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\$25.00 Filing Fee

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\$30.00 Filing Fee &  
Certificate of Status

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

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\$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**

DANNY'S BUS SERVICE, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 04/18/06 and assigned document number L06000039931.

**SECOND:** This amendment is submitted to amend the following:

change the name of the limited liability company to MEDICAL MANAGEMENT COMPANY, LLC

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**FILED**  
2006 DEC 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated November 29, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**DANIEL OROZCO**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**