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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patient Referral Services 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:

Arthur Vito
(Name of Person)

(Firm/Company)

845 N. Garland Avenue
(Address)

Orlando FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy Wright CPA at (386) 322-8754
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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Certificate of Status

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☐ \$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

Patient Referral Services, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5/02/06 and assigned
document number 206000045124.

SECOND: This amendment is submitted to amend the following:

Change name from Patient Referral Services, LLC
to: Allied Preferred Health Services, LLC

Also can you please change the mGRM
from Jodi L Rice to Dr. H. Dennis
Harrison

Thank you.

Dated 12-06-06, _____.

Jodi Rice

Signature of a member or authorized representative of a member

Jodi Rice

Typed or printed name of signee

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Filing Fee: \$25.00