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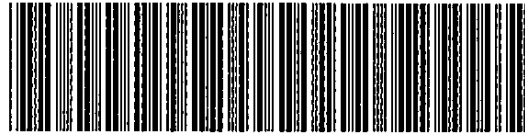
(Business Entity Name)

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DIVISION OF CORPORATIONS
2006 OCT -3 PM 2:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICO CARE, 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:

ROBERT GRAHAM, CPA

(Name of Person)

ROBERT GRAHAM CPA & ASSOCIATES, LLC

(Firm/Company)

1518 NORWICK DRIVE

(Address)

LUTZ, FL 33559

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT GRAHAM, CPA

(Name of Person)

at (813) 601-5513

(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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDICO CARE, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 07/06/06 and assigned
document number L06000067313.

SECOND: This amendment is submitted to amend the following:

REGISTERED AGENT IS CHANGED TO

SUSAN MATTOS

3203 W TAMPA BAY BLVD.

TAMPA, FL 33604

MEMBER MANAGER IS CHANGED TO

SUSAN MATTOS

3203 W TAMPA BAY BLVD.

TAMPA, FL 33604

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Dated SEPTEMBER 29, 2006.



Signature of a member or authorized representative of a member

SUSAN MATTOS

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.