

L060000078683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L06-78683

(Document Number)

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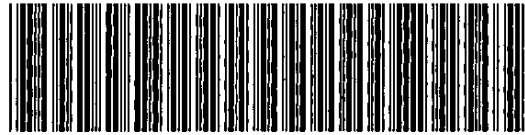
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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEDRAJA HEALTH 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:

JUAN CARLOS PEDRAJA

(Name of Person)

(Firm/Company)

6730 W 26TH CT # 24

(Address)

HIALEAH, FL 33016-2840

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN CARLOS PEDRAJA

(Name of Person)

at ( 786 ) 333-7457

(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**

PEDRAJA HEALTH SERVICES LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on AUGUST 09, 2006 and assigned document number L06000078683.

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

ARTICLE V-THE NAME AND ADDRESS OF MANAGING MEMBERS/MANAGERS ARE:

TITLE:MGR

JUAN C PEDRAJA

6730 W 26 CT # 24

HIALEAH, FL 33016


TITLE:MGR

LUCIA T ESTRADA

6730 W 26 CT # 24

HIALEAH, FL 33016

Dated NOVEMBER 11, 2006.

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

JUAN C PEDRAJA

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00