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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Andrew H. Zwick, M.O. U.C. 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:
Andrew It. Zwick M.D. Name of Person
Name of Person
Andrew H. Zwick M.D. LLC Firm/Company
Firm/Company
9970 Central Park Blud #101 Address
Address
Boca Raten Fl. 33428 City/State and Zip Code
City/State and Zip Code
Bo cadoc 1 @ Avc. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 09 DEC -9 AM 10: 40 TO ARTICLES OF ORGANIZATIONS EURETARY OF STATE OF INCLAHASSEE. FLORIDA rew H. Zwick MO UC (Name of the Limited Liability Company as it now appears on our records.) A Florida Limited Liability Company) 8/31/06 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number __ LO600086034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevi "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 90 to Central Park Blud Svite 101 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: 9970 Central Park Blad Svite 101 Enter Florida street address Boca Later , Florida Zip Code New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Man or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address		Type of Action
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D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheet	ts, if necessary.)	
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