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## **COVER LETTER**

TO: Registration Section Division of Corporation	s		
SUBJECT: MUA Center	of Broward	LLC	
behover.		mited Liability Company)	
·			
The enclosed Articles of Amenda	ent and fee(s) are si	ubmitted for filing.	
Please return all correspondence of	oncerning this matte	er to the following:	
Robe	rt Rappel		
		(Name of Person)	
Rapp	el Health La	w Group PL	
		(Firm/Company)	7007 SEC
<u>1515</u>	Indian River	Boulevard, Suite A-21	2001 NOV 19 TALLAHASSE
		(Address)	O AHASSEE
Vero	Beach, FL 3		
		(City/State and Zip Code)	OF STATE
For further information concerning	g this matter, please	call:	*
Robert Rappel	1	at( 772 ) 778-8885	
(Name of Person)		(Area Code & Daytim	e Telephone Number)
. *			
Enclosed is a check for the following			
	00 Filing Fee & ertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	
Tallahassee, FL	32314	2661 Executive Cer Tallahassee, FL 323	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUA Center of Broward LLC

	(Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on document number L07000002464
SECOND:	The Articles of Organization were filed on document number L07000002464  This amendment is submitted to amend the following:  ARTICLE II, PRINCIPAL PLACE OF BUSINESS,
	should be amended as follows:
	The principal place of business and mailing address of the Company 9750 NW 33rd Street, Suite #202, Coral Springs, Florida 33065 or such a place as may be designated by the Members.
Nia	2007
Dated NO	Signature of a member or authorized representative of a member
	Robert Rappel, Esquire

Filing Fee: \$25.00