L07000017746

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SECRETARY OF STATE
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COVER LETTER

Division of Co	rporations			
SUBJECT: TOTAL	. MANAGEMENT PF	ROVIDERS, LLC		1 1
		ited Liability Company)		_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	TATIANA M. PUCHE	<u> </u>		
		(Name of Person)		
	TOTAL MANAGEMENT	PROVIDERS, LLC.		
		(Firm/Company)		
	8611 NW 54TH STREET			
		(Address)		
	DORAL, FL 33166			٠.
		(City/State and Zip Code)		
For further information	concerning this matter, please c	all:		
TATIANA M. PUCHE		at (305) 373-4413		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
		8		
Enclosed is a check for t	he following amount:			ده د دینه این
☑ \$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 enclo	osed)

MAILING ADDRESS:

Registration Section

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

TOTAL MANAGEMENT PROVID	ERS, LLC		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on out Liability Company)	r records.)
The Articles of Organization for this Limited Li	ability Company	were filed on 02/15/2007	and assigned
Florida document number L07000017746	·•		
This amendment is submitted to amend the follo	wing:	•	
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the	•
Enter new principal offices address, if applica	ıble:	8611 NW 54th Street	OB JU SECTALL
(Principal office address MUST BE A STREET ADDRESS)		Doral, FL 33166	25 Sin 25
Enter new mailing address, if applicable:		8611 NW 54th Street	2. E. C.
(Mailing address MAY BE A POST OFFICE BOX)		Doral, FL 33166	10 N
B. If amending the registered agent and/or the new registered of			ords, <u>enter the name of the new</u>
Name of New Registered Agent:	Tatiana M. Puche		
New Registered Office Address:	n Street (Enter Flo	rida street address)	
	Doral		, Florida 33166
		(City)	(Zip Code)

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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is 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 Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Tatiana M. Puche		■☑ Add ■☑ Remove
MGRM	Alexandra Puche	8611 NW 54th Street Doral, FL 33166	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
 		TA .	SEPRETURSE FLO
Dated July	Olia	2008 member or authorized representative of a member	PATE PATE
	Tatiana M. Puche	•	<u>_</u>

Page 2 of 2

Filing Fee: \$25.00