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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

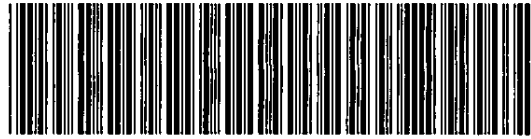
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRIMECARE ADVANTAGE 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:

KIMBERLY M. HAY
(Name of Person)

PRIMECARE ADVANTAGE, LLC
(Firm/Company)

141 NW 35TH COURT
(Address)

OAKLAND PARK, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

KIMBERLY M. HAY at (954) 292-6393
(Name of Person) (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

PRIMECARE ADVANTAGE LLC

(Present Name)
(A Florida Limited Liability Company)

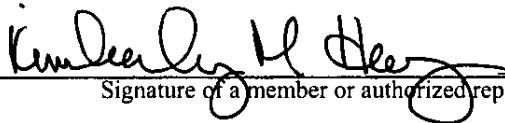
FIRST: The Articles of Organization were filed on FEB 21, 2007 and assigned document number L07000019677.

SECOND: This amendment is submitted to amend the following:

THE MEMBERS OF THE COMPANY.

ALL MEMBERS OF THE COMPANY ARE TO BE REMOVED EXCEPT FOR: KIMBERLY M. HAY. TO BE REMOVED ARE: JUSTINA BRYAN; CHRISTOPHER STEIN; NUMA PAROISSE; JOHN D. FISHER; MARIE L. PIERRE; DWYGH L. SPENCE; AND DEVON SIMMS.

Dated July 26, 2007.



Signature of a member or authorized representative of a member

Kimberly M. Hay

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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