

L07000023833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

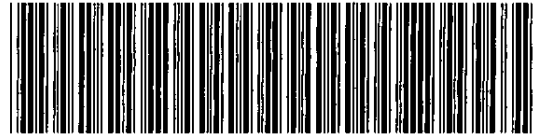
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
SEP 17 2008
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Global Medical Partners 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:

Robert Spoont D.M.D.

(Name of Person)

(Firm/Company)

8180 Twin Lake Drive

(Address)

Boca Raton, FL 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Spoont

(Name of Person)

at (561) 482-8000

(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**

Global Medical Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/02/2007 and assigned
Florida document number L07000023833.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(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>	<u>Type of Action</u>
MGR	Benjamin Spoont	500 Atlantic Avenue Apt. 14D Boston, MA 02210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andrea Colton	4270 NW 24th Ave Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ann Spoont	8180 Twin Lake Drive Boca Raton, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Laurie S. Silvers	7163 Ayrshire Lane Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gale Barnett	2845 Ramsgate NW Atlanta, GA 30305	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Donna Lennon	4464 Woodfield Blvd. Boca Raton, FL 33434	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change principal address and mailing address to: 21301 Powerline Road, Suite 208

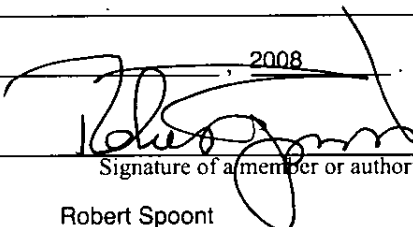
Boca Raton, FL 33433

correct spelling of street address for MGRM Mitchell Rubenstein from Ayershire Lane to

Ayrshire Lane

Dated September 11

2008



Signature of a member or authorized representative of a member

Robert Spoont

Typed or printed name of signee

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TALLAHASSEE, FLORIDA