## 107000056516

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600142131226

01/29/09--01030--020 \*\*25.00

09 JAN 29 PH 12: 33

J. BRYAN

JAN 3 0 2009

**EXAMINER** 

## **COVER LETTER**

TO:

James Colone

TO: Registration S Division of Co			
SUBJECT: Drs. Ca	arr and Ghitis, PL		
		ited Liability Company)	
	Amendment and fee(s) are sub	-	
	Michelle Barron		
		(Name of Person)	
	Law Offices of Frye & As	ssociates, PL	
		(Firm/Company)	SECR VISIO
	20900 West Dixie Highw	ay	NE FEE
		(Address)	9 CONFED
	Aventura, FL 33180		O9 JAN 29 PH 12: 33
		(City/State and Zip Code)	Sa Const
For further information	concerning this matter, please o	all:	
Michelle Barron		at ( 305 ) 931-3200	
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the following amount:		
<b>☑</b> \$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)
Regist Divisi P.O. E	ration Section on of Corporations 30x 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drs. Carr and Ghitis, PL		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/29/2007	and assigned
Florida document number L07000056516	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Drs. Carr, Ghitis, and Cusnir, PL		
The new name must be distinguishable and end with the word 'L.L.C."	ls "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
		22 975 77
		P
Enter new mailing address, if applicable:		PH IZ:
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>4</b> 5
B. If amending the registered agent and/or registe registered agent and/or the new registered office addr.		ls, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	a 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)

<sup>4</sup>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>	Address	Type of Action
MGRM_	Henry Cusnir, M.D.	3001 NW 49 Avenue Suite 100 Lauderdale Lakes, FI 33313	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF STATE OF CORPORATIONS  O9 JAN 29 PH 12: 33
Dated	January 26, 20  Manuary 26  Signature of a memb	er or authorized representative of a member	
	Michelle Barron, attorn	ey for managing members	· ·

Page 2 of 2

Filing Fee: \$25.00