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SECRETARY OF STATE
ALLYAHASSEE, FLORIDA

J. BRYAN

OCT 1 6 2009

EXAMINER

COVER LETTER

Division o	on Section f Corporations		
SUBJECT:	SMART CHOIC	CE HEALTH PLANS, LLC	
SUBJECT:		mited Liability Company	
The enclosed Artic	es of Amendment and fee(s) are s	submitted for filing.	
Please return all cor	rrespondence concerning this mat	ter to the following:	
		Lynne Walder	
		Name of Person	
Lynne Walder, P		Lynne Walder, P.A.	<u>2</u> gg 8
		Firm/Company	09 007
777 S. I		S. Harbour Island Blvd. #190	ASSET I
		Address	ASSEE, FI
		Tampa, FL 33602	15 AHII: 49 ARY OF STATE ASSEE, FLORIG
		City/State and Zip Code	RIDA
	E-mail address	berg5@aol.com s: (to be used for future annual report notification)	
For further informa	tion concerning this matter, pleas		
	Lynne Walder	at (813) 221-	
N	ame of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	360.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F C F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	STREET/COURIER AND Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smart Che	oice Health Plans, L	LC	多多の一
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ers on our records.)	The state of the s
The Articles of Organization for this Limited Liability	Company were filed on	6/12/2007	and assigned
Florida document number	 ,23		Dr.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	ere:	
•			
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Comp	pany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u></u>	
(Principal office address MUST BE A STREET ADL	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ad	dress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Henry A. Maller	1336 Preservation Way Oldsmar, FL 34677	✓ Add Remove
Pres	Bryan Greenberg	11 Baymont St. #902 Clearwater Beach, FL 33767	✓ Add Remove
4 ,	<u></u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess	O9 OCT 15 AMII: 49 SECRETARY OF STATE TO AMASSEE, FLORING
Dated	A,		
	, ,	ryan Greenberg, President	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00