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SECRETARY OF STATE
AND ANASSEE, FLORIDA

OCT - 2 2009 **EXAMINER**

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Brian D.	Haas, M.D., P.L.	
30B3EC1		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	F	Russell K. Dickson, Jr.	
		Name of Person	
	F	isher, Rushmer, et.al.	
		Firm/Company	·
		P.O. Box 712	
`	Orla	ndo, Florida 32802-0712 City/State and Zip Code	ith
·	rdicl	kson@fisherlawfirm.com	
	E-mail address: (to be used for future annual report notif	cation)
For further information	concerning this matter, please	call:	
	ell K. Dickson, Jr.	u.	535-4718
Name	of Person	Area Code & Daytim	e 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 OCT -1 PM 2: 18

<u>Brian</u>	D. Haas, M.D., P.L.	SE	CRETARY OF STATE
(<u>Name of the Limited Liabi</u> (A Florid	D. Mads, IVI.D., P.L. lity Company as it now appea la Limited Liability Company)	rs on our records[ALI	_ARAJJEEN EGIME
(* */		
The Articles of Organization for this Limited Liability	Company were filed on	July 27, 2007	and assigned
Florida document numberL07000077575			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :	
·			
The new name must be distinguishable and end with the v.L.L.C."	words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	•		
Principal office address MUST BE A STREET AD	DRESS)		
•			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	****		
		_ · · · •	
B. If amending the registered agent and/or reg		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :		
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Er	nter Florida street ada	ress
		. 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>	Address	Type of Action	
MGR	Diane Polsen Haas	415 Briarcliffe Drive Orlando, Florida 32806	✓ Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
•			Add Remove	
			Add Remove	
D. If ame	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.	<i>)</i>	
-				
 Dated	September 20	2009	2009 OC SECRI	71
	11 1 11	ember or authorized representative of a member Russell K. Dickson, Jr.	2009 OCT - 1 PM 2: 18 SECRETARY OF STATE TALLAHASSEE. FUORID	ILED
	///	Typed or printed name of signee	2 18 STATE LORID	
	/	Page 2 of 2	DM ds	

Filing Fee: \$25.00