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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 2 8 2009

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	PIZZA BOARD, LLC					
50D0EC1:	(Name of Limi	ited Liability Company)	-			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	BIAGIO VULTAGGIO					
		(Name of Person)				
	PIZZA BOARD, LLC					
		(Firm/Company)				
	10010 BELLE RIVE BLVD, # 1211					
		(Address)				
	JACKSONVILLE, FL 322	256				
		(City/State and Zip Code)				
For further information	n concerning this matter, please c	all:				
BIAGIO VULTAGO	310	at (904) 254-2459				
(Name of Person) (Area Code & Daytim		elephone Number)				
		· ·				
Enclosed is a check for	r the following amount:					
S25.00 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)			
Reg	ILING ADDRESS: istration Section iston of Corporations	STREET/COURIER Registration Section Division of Corporation	•			

P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZZA BOARD, LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	06/06/2007	and assigned
Florida document numberL07000080475			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	FTE:	
30 MIN. MEDICAL, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Comp	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	<u></u> .	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
THE POST OF THE PO			***************************************
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	address)		
		, Florida _	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Register	ed 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)

Page 1 of 2

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 = Ma MGRM = 1	anager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
-			-
Dated	4-22-09		-
	Barre	or authorized representative of a member	
	BIAGIO VULTAGO	GIO C or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS OF CORPORATIONS