

LO7 0000 82090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

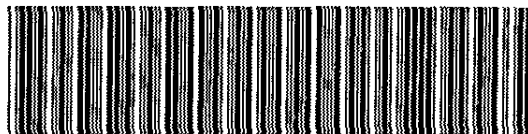
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL SOLUTIONS DIRECT 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:

MARSHA SIHA  
(Name of Person)

INCFILE.COM LLC  
(Firm/Company)

14027 MEMORIAL DRIVE #110  
(Address)

HOUSTON TX 77079  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA SIHA at ( 888 ) 462-3453 X 555  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MEDICAL SOLUTIONS DIRECT LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on AUGUST 10, 2007 and assigned document number L07000082090.

**SECOND:** This amendment is submitted to amend the following:

ARTICLE V SHOULD INCLUDE MANAGING MEMBERS:

RICHARD DOYLE - 1816 HARBOR CIRCLE EAST, LARGO, FL 33770

MAUREEN DOYLE - 1816 HARBOR CIRCLE EAST, LARGO, FL 33770

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TALLAHASSEE, FLORIDA

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Dated AUGUST 15, 2007.

Kim Kasper - Member

Signature of a member or authorized representative of a member

KIM KASPER

Typed or printed name of signee

Filing Fee: \$25.00