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| (Cit | ty/State/Zip/Phon | e #) |
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| Special Instructions to | Filing Officer: | ٠, ٥ |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| | ation Section of Corporations | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| SUBJECT. D8 | &D Medical Building Associates, LLC | | | | | | | |
| (Name of Limited Liability Company) | | | | | | | | |
| | | | | | | | | |
| The enclosed Art | icles of Amendment and fee(s) are submitted for filing. | | | | | | | |
| Please return all c | correspondence concerning this matter to the following: | | | | | | | |
| | Death and A. Ohann | | | | | | | |
| | Dudley A. Shaw | | | | | | | |
| | (Name of Person) | | | | | | | |
| D&D Medical Building Associates, LLC | | | | | | | | |
| | (Firm/Company) | | | | | | | |
| | 6 Office Park Drive | | | | | | | |
| (Address) | | | | | | | | |
| | · · | | | | | | | |
| | Palm Coast, FL 32137 | | | | | | | |
| (City/State and Zip Code) | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| Dudley A | Chau: 386 703 0684 | | | | | | | |
| Dudley A. | Shaw (Name of Person) at (386) 793-9684 (Area Code & Daytime Telephone Number) | | | | | | | |
| | (Name of Person) (Alea Code & Daytine Telephone Number) | | | | | | | |
| Enclosed is a check | for the following amount: | | | | | | | |
| \$25.00 Filing Fo | Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) S55.00 Filing Fee & Securificate of Status & Certificate of Status & Certified Copy (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

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

D&D Medical Building Associates, LLC (Present Name) (A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on September 5, 2007 and assigned document number L07000090814 | | | | | |
|---------|--|--------------------------------|----------------|--------|--|--|
| SECOND: | : This amendment is submitted to amend the following: | | | | | |
| | 6 Office Park Drive | | | | | |
| | Palm Coast, FL 32137 | | | _ | | |
| | | | | | | |
| | Add the following Managing M | embers: | | _ | | |
| | Craig R. Berry-MGRM | Marianne I | . Pulaski-MGRM | _ | | |
| | 69 Westgrill Drive | 35 Ripplewood Lane | | | | |
| | Palm Coast, FL 32164 | Palm Coast, FL 32164 | | | | |
| | | | | _ | | |
| | | | | _ | | |
| Dated | October 19 2007 | | | | | |
| | | | Z.S. | 3937 | | |
| | Judoho | | AHASS | OCT 3 | | |
| | Signature of a member or a | authorized representative of a | | H | | |
| | Dudle | ey A. Shaw | | | | |
| | Typed or p | rinted name of signee | | $^{-}$ | | |

Filing Fee: \$25.00