

LD7000097760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

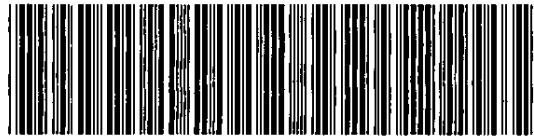
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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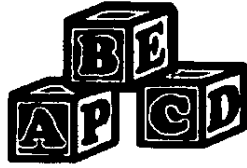
2009 SEP 14 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

SEP 15 2009

EXAMINER



Jose R. Vidal, M.D.
President
ABC's of Pediatrics LLC
10900 King Bay Drive
Boca Raton Florida 33498-4548
561-883-9268
Email:vedells@aol.com

September 09, 2009

Dear Florida Dept. of State:

Regarding the amendment of name change ABC'S of Pediatrics LLC to vedellsMD.LLC

I want to be sure that the following information remains the same:

Jose R. Vidal MD.-President

Ramon G. Vidal MD.-Vice President

Cheryl A. Miller-Manager

All listed at the above mailing address.

With best regards and always remembering to Save a Life!

Jose R. Vidal, M.D.

COVER LETTER

**TO:-- Registration Section
Division of Corporations**

SUBJECT: ABC'S of Pediatrics, L.L.C.
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:

Jose R. Vidal

Name of Person

ABC'S of Pediatrics

Firm/Company

10900 King Bay Drive

Address

Boca Raton, Florida 33498-4548

City/State and Zip Code

vedells@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Miller

Name of Person

at (561)

883-9268

Area Code & Daytime 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)

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

FILED

2009 SEP 16 PM 10 46

ABC'S of Pediatrics L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/25/2007 and assigned
Florida document number L07000097760.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

vedellsMD.LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

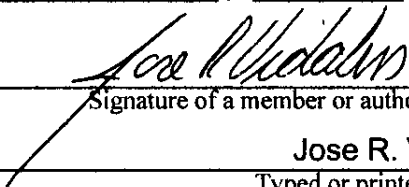
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 09, 2009



Signature of a member or authorized representative of a member
Jose R. Vidal, M.D.

Typed or printed name of signee

2009 SEP 14 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED