

Mar 12 2008 9:38AM

CSH SERVICES

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PINES LYMPHATIC CENTER, LLC

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A. LUNT

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MAR 12 2008

EXAMINER

14-08000063 862-3

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

PINES LYMPHATIC CENTER, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/04/2007 and assigned  
Florida document number L07000100971

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the Limited Liability company here:

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

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)

H-08000063862-3

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

Title	Name	Address	Type of Action
MGR	MARGARET GLASER	16230 SW 9TH STREET PEMBROKE PINES, FL 33027	<input type="checkbox"/> Add <input checked="" 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.)

THE PRINCIPAL ADDRESS AND MAILING ADDRESS HAS BEEN CHANGED

1613 N HIATUS RD, PEMBROKE PINES, FL 33026

ALSIA WILKINSON'S ADDRESS HAS BEEN CHANGED TO:

1613 N HIATUS RD, PEMBROKE PINES, FL 33026

Dated MARCH 12, 2008

Signature of a member or authorized representative of a member

Alsia Wilkinson MANAGER

Typed or printed name of signer

2008 MAR 12 A 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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