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€.	COVER LETTER
	tion Section of Corporations
	AMERICAN MEDICAL CONSOLODATIONS (C)
SUBJECT:	(Name of Limited Liability Company)
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	KATHLEEN GUARINE (Name of Person)
	AMERICAN MEDICAL CENSOLEDATORS (Firm/Company)
	(Firm/Company)
	3 Dowre CIRcle (Address)
	Menfors NJ 08055 (City/State and Zip Code)
	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
KATHL	(Name of Person) at (69 923-32c) (Area Code & Daytime Telephone Number)
	(Construction)
Enclosed is a check	for the following amount:
☐ \$25.00 Filing Fe	e S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Present Name)
(A Florida Limited Liability Company)

MEDICAL

AMERICAL

consoloDAtons LLC

FIRST:	The Articles of Organization were filed on Oct 24 200 and assigned document number 2070000 97836		
SECOND:	This amendment is submitted to amend the following: Remove SANDY SANTOS AS MANAGER/HE REPLACE WITH KATHLEEN GUARING AS M CORRECT SPELLING OF ALEXSANDRA KEMA	mbe env	r 3en
	CORRECT SPELLING OF ALEXSAMORA KEND AS MEMBER	— — 5 <u>y</u>	
Dated	11/18/2007		
	Signature of a member or authorized representative of a member	07 NOV 29	SECH THE
	Typed or printed name of signee) PH P: 25	

Filing Fee: \$25.00