

DIVISION Apr. 23. 10:11:48AM

No. 6210 Page 1 of 1

**L0800000893**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H100000950753ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2010 APR 23 AM 8:20  
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TALLAHASSEE, FLORIDA

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10 APR 23 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEALTH SYSTEMS SOLUTIONS GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**T. CLINE**

APR 26 2010

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

(H100000950753)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HEALTH SYSYSTEMS SOLUTIONS GROUP, 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 January 3, 2008 and assigned  
Florida document number L08000000893

This amendment is submitted to amend the following:

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

Fred Old Group, 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)

42 West 39th Street  
8th Floor  
New York, NY 10018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 West 39th Street  
8th Floor  
New York, NY 10018

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

City, Florida 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

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Apr. 23. 2010 11:48AM  
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No. 6210 P. 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stan Vashovsky	42 West 39th Street, 6th Floor New York, NY 10018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Levine	42 West 39th Street, 6th Floor New York, NY 10018	<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

SECRETARY OF STATE  
ALABAMA  
STATE FLOOR

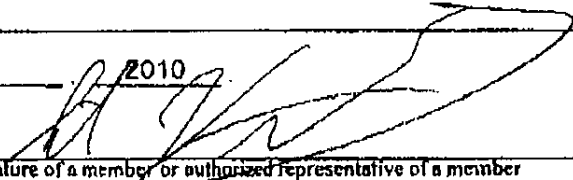
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 22, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Stan Vashovsky  
\_\_\_\_\_  
Typed or printed name of signer

(1100000950753)