

### Florida Department of State

Division of Corporations **Public Access System** 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### **MARTINEZ 1343 LLC**

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H09000005040M) 8: 04 SECRETARY OF STATE PALLAHASSEE FLORIDA

	NEZ 1343 LLC	
(Name of the Limited Liability Co	mpany as it now appears on our records ted Liability Company)	
man Andreas Constitution of the transfer of	01/29/2009	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/28/2008	and assigned
Florida document number L08000010478		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GULF COAST HEALTHCARE SOLUTIONS, LLC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the nu
Name of New Registered Agent:		
New Registered Office Address:		
THE PARTY OF THE P	(Enter Florida street	address)
	, Florida	
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	
	·· <del>·</del>	4.
I hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	complete performance of my duties, an nt as provided for in Chapter 608, F.S.	id I am familiar with and  Or, if this document is
ē	If Changing Registered Agent, Standart of N.	W Residence Agent)

Page 1 of 2

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

<u>ltle</u>	<u>Name</u>	Address	Type of Action
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			Remove
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	-	r change(s) here: (Attach additional sheets, if ne	
NE		DEL PRADO BLVD - SUITE: 1	<del></del>
	CAP	E CORAL, FL 33904	1AE 99
Dated JAN	JUARY 6	2009	ند. <del></del>
			STATE STATE
	Signature o	a member or authorized representative of a member	

13r 08 2009 4:25