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TEMO

COVER LETTER

TO: Registration Sec Division of Corp	ction porations '	•			
SUBJECT: Bruce B	. Downs Profession	al Center, LLC			
·		ited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Abby J. Bourgeois, Esq.				
		(Name of Person)			
	Phelps Dunbar LLP				
		(Firm/Company)			
100 South Ashley Drive, Suite 1900					
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(Address)			
	Tampa, Florida 33609				
		(City/State and Zip Code)			
For further informátion co	oncerning this matter, please c	all:			
Abby J. Bourgeois, Esc	1.	at (813) 472-7751			
	f Person)	(Area Code & Daytime T	`elephone Number)		
Enclosed is a check for th	e 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

Bruce B. Downs Professional Center, LLC					
(Name of the Limited Liability Com (A Florida Limite	npany as it now a ed Liability Comp	appears on our recordany)	<u>ds.</u>)	-	
The Articles of Organization for this Limited Liability Compa	any were filed o	n 02/28/2008	and	assigned	
Florida document number L08000021597					
•					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited 1	iability compar	ıy here:			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability (Company," the design	ation "LLC" or t	he abbreviati	on
Enter new principal offices address, if applicable:			<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS	2				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>. </u>				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		s on our records, g	enter the nam	e of the ne	<u>:w</u>
Name of New Registered Agent:				2	
New Registered Office Address:	•			8 -	- Park
		(Enter Florida sti	reet address)	72	
	(C:L)	, Flor	ida SAC	<u> </u>	77
Now Desiratored Amends Simpatore if the union Desiratored Amends	(City)		(Zip, C	-oae)	
New Registered Agent's Signature, if changing Registered Age	<u>:ut;</u>		SET SET	±.	
I hereby accept the appointment as registered agent and c	agree to act in	this capacity. I furt	her agree to co	omply 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 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>	Address	Type of Action
MGR	Stuart S. Golding Company	27001 U.S. HIGHWAY 19 NORT	TH SUITE 2095 ☑ Add Remove
			Add Remove
·····			AddRemove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter cha	nge(s) here: (Attach additional sheets,	if necessary.)
Dated <u>May 28</u>	, 200	<u> </u>	2008 HAY 29 SECRETARY TALLAHASSE
_	Abb	y J. Bourgeois Es	[7] one
	Тур	ed or printed name of signee Page 2 of 2	PMI2: 47
		Filing Fee: \$25.00	