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SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS

J. BRYAN

MAY - 1 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Complehense Vem Center (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Firm/Company)	
3348 Herringilde nn. (Address)	
(Address)	
ONLAMOU, FL 328(2 (City/State and Zip Code)	AY 80
For further information concerning this matter, please call:	DIVISION OF CORPORATIONS  08 APR 30 PH 2: 52
	<b>2</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Name of Person) at (321) 276-5407  (Area Code & Daytime Telephone Number)	RATIONS -: 52
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee \$\$  Certificate of Status \$55.00 Filing Fee \$\$  Certified Copy \$\$  Certified Copy \$\$  Certified Copy (additional copy is enclosed)  Certified Cop (additional copy is enclosed)	Status &

## 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

ARTIC	LES OF ORGANIZATION	3 325
	OF	Pagi
		A ORT
(on	pichensne Ven Center	30 PH 2: 52
(Name of the Limited Li	lability Company as it now appears on our reclorida Limited Liability Company)	cords.)
(Ar	iorida Eminted Elabinty Company)	•
The Articles of Organization for this Limited Liab	pility Company were filed on $\frac{3}{13}$	and assigned
Florida document numberLOS 0000 Z bd	90b	
Florida document number	,	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
"L.L.C."		
B. If amending the registered agent and/or	registered office address on our records	s, enter the name of the new
registered agent and/or the new registered offic		, <u> </u>
Name of New Registered Agent:		
N. D 1007 411		
New Registered Office Address:	(Fnter Florida	street address)
	(Emer Fiorita	sireer uuuressy
		orida
	(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)

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OHLRICH, 6/egory E	2734 Rullingrad TR E45:715 FL 32:736	Add Remove
MG R	Michael G.	1618 Mist Florer Lane Winter GARDEN, PC 34787	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	Chanse Business Addies	ange(s) here: (Attach additional sheets, if necessary  Stalting June 1, 2008.	
	The Villages, FL	14. Ste 1404 32159	30 VIE
-	11211	<b>X</b>	SECRETARY INVISION OF CO
Dated	Signature of a prietr	Decor authorized representative of a member	ED STATE ORPGRATIONS PM 2: 52
	v p	Tom Thang ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00