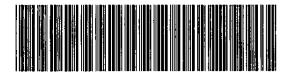
L08000026606

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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B. BOSTICK 'AUG 17:2011

COVER LETTER

Division of C	orporations			
SUBJECT:	COMPREHEN	NSIVE VEIN CENTER		
SUBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	hmitted for filing		
	<u>.</u>	-		
Please return all corres	pondence concerning this matte	r to the following:		
		TOM TRAN		
		Name of Person		
	СОМРІ	REHENSIVE VEIN CENTER		
		Firm/Company		
	1050 O	LD CAMP ROAD SUITE 202		
	Address			
	•			
	TH	E VILLAGES, FL 32162		
		City/State and Zip Code		
	T	OM@TTRANPA.COM	<u> </u>	
•	E-mail address:	(to be used for future annual report notification)	A	
For further information	concerning this matter, please	call:	11 AUG T	
	TOM TRAN	at (352) 259-5960	in the second	
Name	of Person	Area Code & Daytime Telephone N	Jumber FS	
			<u> </u>	
Enclosed is a check for	the following amount:		DH 0	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	00 Filing Fee. rtificate of Status & rtified Copy Iditional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

COMPREHENSIV			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	8/13/2008	and assigned
Florida document number L08000026606			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1050 OLD C	AMP ROAD SUIT	E 202
(Principal office address MUST BE A STREET ADDRESS)	THE VILLAG	ES, FL 32162	
Enter new mailing address, if applicable:	1050 OLD C	AMP ROAD SUIT	E 202
(Mailing address MAY BE A POST OFFICE BOX)		ES, FL 32162	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered office address ner	<u>c</u> .		EUN AL
Name of New Registered Agent:			7 5 11 10 5 m
New Registered Office Address:			ATTION TO STATE
	. En	ter Florida street add	ress = = =
	Citv	, 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

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	ANTHONY ALATRISTE N	8366 TIBBET BUTLER DRIVE WINDERMERE, FL 34786	Add Remove
	<u> </u>		Add Remove
	-		Add Remove
	<u> </u>		Add Remove
			Add Remove
	-		Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary,	
	MICHAEL G. RICHARDS ADDI	RESS CHANGE TO NEW ADDRESS:	
	15828 CHESTNUT LANE	بربا : بن : بن	
	TAVARES, FL 32778	71 C C C C C C C C C C C C C C C C C C C	75 4 +
Dated _	AUGUST 10	2011	_
	Signature of a m	ember or authorized resontative of a member	
		TOM TRAN Typed or printed name of signee	·····

Page 2 of 2

Filing Fee: \$25.00