

L08000027344

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PREMIER CARE SOLUTIONS, LLC.

| | |
|-----------------------|---------|
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J. BRYAN

MAY - 5 2008

EXAMINER

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H08000120148

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PREMIER CARE SOLUTIONS, 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 3/17/2008 and assigned
Florida document number L08000027344

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This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: MARIO TORRES, M.D

New Registered Office Address: 3850 SW 87 AVENUE
(Enter Florida street address)

MIAMI, Florida 33165
(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)

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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

Table with 4 columns: Title, Name, Address, Type of Action. Contains entries for MARIO TORRES and JOSEPH PEREZ with checkboxes for Add and Remove.

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

Blank lines for entering additional information.

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Dated

5-2-08

Handwritten signature of Mario Torres

Signature of a member or authorized representative of a member

MARIO TORRES, MD

Typed or printed name of signee

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