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OB SEP 18 AM II: 00
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS
SEP 1 9 2008
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Atlantic	Park Homes LLC		
Bobbot.		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	G A Dechow	(Name of Person)	
		(Haine of Felson)	Q ₀
	Harry Haskins Esq		<u> </u>
		(Firm/Company)	
	Suite 201, 3400 S. Tamia	ami Trail	To the second second
	<u></u>	(Address)	OB SEP 18 AN 11:00
	Sarasota, FI 34239	(City/State and Zip Code)	
		(4.7, 2 = 1, 3)	
For further information c	oncerning this matter, please c	all:	
G A DECHOW		at (_941_) 554 2174	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	□\$55.00 Filing Fee &	\$60.00 Filing Fee,
7 925.00 Filling Feb	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
	ING ADDRESS:	STREET/COURIER	ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporation	ns -
P.O. B	lox 6327	Clifton Building	\wedge
· Tallah	assee, FL 32314	266 Executive Center Tallahassed, FL 32301	Check

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Park Homes, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our rorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabs		•
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
ISIS Medical Group LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le: n/a	EG G
(Principal office address MUST BE A STREET	ADDRESS)	5月 8
		第0 至
Enter new mailing address, if applicable:	n/a	esignation "LLC" or the abbreylation SECRETARY SECRET
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	-	rds, enter the name of the new
Name of New Registered Agent:	n/a	
New Registered Office Address:	(Enter Flori	da street address)
		Florida
	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	Name "	Address	Type of Action
			Add Remove
- .			
			Add Remove
			Add Remove 9 SEP
			SEP 18 AM 11: 00
			Remove
). If ameno	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessor	ary.)
_			
Dated Septe		ober or authorized representative of a member	
	I Nomatifie of a mem	ider of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00