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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	CT: Global	Physician Services,	LLC		
			ited Liability Company)	·	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		<del></del>	Cloria B. Cantie	1d	
			Global Physiciam (Firm/Company)	Services, LLC	
			P.O. Box 1886 (Address)	75 8 T	
			Eustis, Fl. 3272 (City/State and Zip Code)	7	
For fur	ther information (	concerning this matter, please o	•	PH 2: 33	
	Glorip	Canfield	at (352)871 - 28 =		
Cloria Canfield (Name of Person)		of Person)	at (352) 871 - 28 > 2 (Area Code & Daytime Telephone Number)		
Enclose	ed is a check for t	he 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		ration Section on of Corporations ox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global P.	HYSICIAN	Services	LLC
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now Limited Liability Com	appears on our records. ipany)	)
The Articles of Organization for this Limited Liability Florida document number <u>L 08 0000 6 94 7 2</u>		on <u>July 18, 200</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compa	ny here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability	Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		76 8 -M
	<del></del>		3 8 3
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			70 50
			<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		s on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida 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 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 **Title** <u>Name</u> **Address** Type of Action EdGAR JIMENEZ M.D. 86 West Underwood MP41 Add

Orlando Fl. 32806 TRemove MGRM Frederick P. Canfield P.O. Box 1886, Eustis Fl. 32727 Add WAS MGRT-change To MGRM Change From MGR TO MGRM Remove Chad P. Canfield PO.Box 1886, Eustis, Fl. 32727
[WAS MGR]. Change To Change From MGR TO MGRM Add 🖈 ☐ Remove 🗂 Add ☐ Remove Add [ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) to MGRM. Dated SepTember 22, 2008 Signature of a member or authorized representative of a member Gloria B. Canfield Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00