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S. HAWKES
FEB 0 9 2009
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Menium The (Name of Limit	evalpy Senvices ted Liability Company)	LIC		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Picav	do Beltvan (Name of Person)			
	Millenum The	Pirm/Company)	<u>. C</u>		
	6377 L	andings Terrace (Address)			
	Tamari	GC //C 3332 / (City/State and Zip Code)	4 10//		
For further information concerning this matter, please call:					
- Ocerdo (Name o	Pselt2n f Person)	at (954) 913-658 (Area Code & Daytime T	elephone Number)		
Enclosed is a check for the	e 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

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

	enzy Services,	LLC
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>LO8000707</u>		23,2008 and assigned
This amendment is submitted to amend the following:		SE SE
A. If amending name, enter the new name of the li	mited liability company here:	
Millennium Theran	SOUVICOS, LLC	5
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," tl	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Finter F	lorida street address)
•	(Linei I	,
_	(City)	, Florida (Zip Code)
	1 = 1.77	/=-E =>

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 = M MGRM =	1anager • Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			A 400
			Remove F
			FI Add
			Remove
			I Add
			Remove
			r Add
			Add Remove
D. If ame	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	·.)
_	Change company	name to:	_ _ _
_	Millenniu	name to: m Therapy Services, LLC	
-		·	
-			
-			<u> </u>
Dated	January 28, 20	<u> </u>	
	Signature of a mem	ber or authorized representative of a member	
	Pica	irdo Beltvan	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00