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S. HAWKES

APR 1 7 2009

EXAMINER

Akerman Senterfitt

50 North Laura Street Suite 2500 Jacksonville, Florida 32202-3646

www.akerman.com

904 798 3700 tel = 904 798 3730 fax 904 634 1690 31" floor fax

Randal C. Fairbanks 904 598 8643 direct tel 904 598 3963 direct fax randal.fairbanks@akerman.com

Denver Fort Lauderdale Jacksonville Los Angeles Madison Miami New York Orlando Tallahassee Tampa Tysons Corner Washington, DC West Palm Beach

April 13, 2009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

e: Sunrise Management Services, LLC

Gentlemen:

Enclosed please find cover letter and original Articles of Amendment to Articles of Organization of Sunrise Management Services, LLC, for filing, together with check in the amount of \$25.00 from the owner of Sunrise Management Services, LLC.

yours

Randal C. Fairbanks

RCF:jco Enclosures

cc: Beth Ann Bartholomew, M. D.

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COVER LETTER

Division of Cor	porations		
SUBJECT: S	UNRISE MANAGEI	MENT SERVICES, LLC	D
		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:	
	RANDAL C. FAIRBANKS	S, ESQ.	
		(Name of Person)	······································
	AKERMAN SENTERFIT	Т	
		(Firm/Company)	
	50 N. LAURA ST., SUITE	2500	
		(Address)	
	JACKSONVILLE, FLORI	DA 32202	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
Jane Odjakjian/Legal A		at (904) 798-3700	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e following amount:		
2 \$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

TO:

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

SUNRISE MANAGEMENT SERVICES, LLC

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appo Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	August 27, 2008	and assigned
Florida document numberL08000082102	·	TAL	09
This amendment is submitted to amend the following:		CRETT-R	APR 16
A. If amending name, enter the new name of the lim	ited liability company h	ere:	2
The new name must be distinguishable and end with the wor	rds "Limited Liability Con	pany," the designation "L	بن برن پن لیک LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>40</u> 00	Old Caryo word Beach	1 LARE , EL , 32174
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter th	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
·	(Enter Florida street add	ress)
		, Florida	
	(City)		(Zin 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM_	Susan Hurrell		695 North Clyde Morris Boulevard Daytona Beach, Florida 32114	Add Remove
				Add Remove
				Add Remove
				- FAdd
				Remove
				d∆dd Remove
				P= A.1.1
				Add Remove
D. If amen	ding any other informat	ion, enter chan	age(s) here: (Attach additional sheets, if nec	cessary.)
_				
 Dated	Moreh 13	, ,	200 <u>}</u> .	
	/	BAD +	Am Reil	
	Sign	ature of a memb	er or authorized representative of a member	
			ANN BARTHOLOMEW	**************************************
		ı ype	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00