## L08000086/63

	(Requestor's Name)
	(Address)
· · · · · · · · · · · · · · · · · · ·	(Address)
<del>- 'm ' n= .'</del> -	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	•
	A. LUNT
	DEC 10 2009
	EXAMNER

Office Use Only



200163442832

12/09/09--01031--013 \*\*55.00

2009 DEC -9 PH 2: 00

## **COVER LETTER**

	on of Corporations	
SUBJECT:	WOUND CARE ON WHEELS, LLC	
	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Stephen A. Hould,Esq.	
	Name of Person	
	Stephen A. Hould, Attorney at Law, P.A.	
	Firm/Company	arri m. 3
	920 Third Street, Suite D	7009 DEC
•	Address	要問
	Neptune Beach, FL 32266	(A) -0
	City/State and Zip Code	THE TO
	info@wounddr.com  E-mail address: (to be used for future annual report notification)	2: 00
For further info	rmation concerning this matter, please call:	<b>5</b>
	Stephen A. Hould at ( 904 ) 247-1305	
	Name of Person Area Code & Daytime Telephone Number	<del></del>
Enclosed is a ch	eck for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
	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

A 71 . 1 . 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF WOUND CARE ON WHEELS, LLC

The Articles of Organization for this Limited Liability Company were filed on September 10, 2008 and assigned Florida document number L08000086163.

This amendment is submitted to amend the name of this Limited Liability Company to:

Limb Salvage Institute, LLC.

Date: December 7, 2009.

By: Desmond P. Bell, Jr.

Its: Manager/Member

2009 DEC -9 PM 2: 00