## 1080000 88415

(Requestor's Name)				
•				
(Address)				
(				
(Address)				
(City/State/Zip/Phone #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500159880535

08/31/09--01032--012 \*\*25.00

FILED

09 AUG 31 PM 1: 11

SECRETARY OF STATE
ALLAHASSEF OF STATE

D. BRUCE

SEP 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporation of Corporation (Corporation Corporation)				
SUBJE	CT:	MEDISHIELD HO	ME HEALTH CARI	E LLC	
JO DOL	· ·	Name of Lin	nited Liability Company		•
The enc	losed Articles of Ar	mendment and fee(s) are su	abmitted for filing.		
Please re	eturn all correspond	lence concerning this matte	er to the following:		
	•				
		DEEPAK ADVANI			
			Name of Person		_
		MEDISHIE	ELD HOME HEALTH C	ARE LLC	
			Firm/Company		
12701,		S John Young Pkwy, STE 207,		75E 09	
			Address		PIL 09 AUG 31 SECRETAR VLLAHASS
			ORLANDO, FL 32837		31 IAR) ASSI
City/State and Zip Code					
		E-mail address:	advani@ezlabsusa.con (to be used for future annual repo	n ort notification)	
For furt	her information con	cerning this matter, please	call:		TE ADA
	Deepak Ad	dvani/Anil Kumar	at ( 407 )	373-0600	
	Name of P			Daytime Telephone Numb	ber
Enclose	d is a check for the	-			
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)
		G ADDRESS:	STREET/C Registration	OURIER ADDRESS:	:
Registration Section Division of Corporations P.O. Box 6327				Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDISHIELD HOMI	E HEALTH CAP	RE LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear d Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	09/17/2008	and assigned	
Florida document numberL08000088615				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
Medishield He	ealth Care LLC			
The new name must be distinguishable and end with the words "LiL.L.C."	imited Liability Compa	ny," the designation	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			ARE IS 3	
			SEY	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			RDA =	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	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 Changing Registered Agent, Signature of New Registered Agent

If am adding the Managers of 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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
<del></del>			
			Add Remove
			AddRemove
			Add Remove
	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessare to Medishield Health Care LLC	O9:AUG 31 PH 1:11 SECRETARY OF STATE TALLAHASSEE, FLORID
Dated	August 14,	2009.	<b>D</b>
	Signature of a memb	per of authorized representative of a member	1 1
	Deep	pak Advani/Anil Kumar	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00