

LD8000101176

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PROFESSIONAL DISABILITY INSURANCE ASSOCIATES, LLC

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T. HAMPTON

MAR 18 2009

EXAMINER

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROFESSIONAL DISABILITY INSURANCE ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 28, 2008 and assigned
Florida document number L08000101176.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMERICAN DIABETIC ASSISTANCE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City), Florida (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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Rotwein	4901 N.W. 120th Avenue Coral Springs, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Peter Perry Ferlise	4988 N.W. 119th Terrace Coral Springs, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 17, 2009



Signature of a member or authorized representative of a member
Cort A. Neimark, Attorney

Typed or printed name of signee

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