

LD8 000 103189

Core Resources Group
6714 W. Flagler St.
Mia, Fla 33144

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

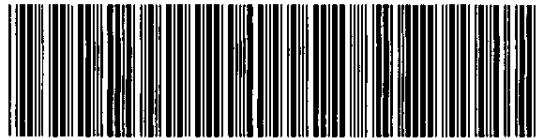
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
MAR - 2 2009
EXAMINER

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

CARE RESOURCES GROUP, 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 11-04-2008 and assigned Florida document number L08000103189.

This amendment is submitted to amend the following:

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

N/A.

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)

35 S.W. 114 AVENUE
SUITE 105
MIAMI, FLORIDA 33174

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

35 S.W. 114 AVENUE
SUITE 105
MIAMI, FLORIDA 33174

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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:

N/A.

New Registered Office Address:

35 SW 114 AVENUE SUITE 105
(Enter Florida street address)

MIAMI, Florida 33174
(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 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>
	Same		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

please change address on Business and for Registered Agent.

Dated _____

M. Torres

Signature of a member or authorized representative of a member

MARIO TORRES, M.D.

Typed or printed name of signee