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EXAMINER

DIVISION OF CORPORATIONS

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236 East 6th Avenue . Tallahassee, Florida 32303 O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 WALK IN PICK UP: **CERTIFIED COPY РНОТОСОРУ CUS** Amend **FILING** 1. 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT#) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	oldings, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appears on our records</mark> Liability Company)	<u></u> /,
The Articles of Organization for this Limited Liability Company	were filed on November 19, 2008	and assigned
Florida document number <u>L08000107590</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	6400 Atlantic Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)	Attn: Legal Department	
	Jacksonville, Florida 32211	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(D . D)	
	(Enter Florida street address)	
	(City), Florid	la
	(City)	(1311) (0010)

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>	Type of Action
MGR	David Schillinger, MD	3107 Stirling Road, Suite 300 Fort Lauderdale, FL 33312	n⊄ Add Remove
MGR	Sarah C. H. Crass	6400 Atlantic Boulevard Jacksonville. FL 32211	☐ Add ☐ Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	essary.)
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Dated Dece	Salel	09 Decreption of a member of a member	
	SARA C.H. CO		

Page 2 of 2

Filing Fee: \$25.00