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JAN 31 2013

3571

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PREMEAR HEARING CLINICS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT E. BONE JR.

Name of Person

THE BONE LAW FIRM

Firm/Company

701 W. MAIN STREET

Address

LEESBURG, FLORIDA 34748

City/State and Zip Code

rbone@thebonelawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BONE

Name of Person

at (**352**) **315-0051**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

PREMEAR HEARING CLINICS, 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 FEBRUARY 17, 2009 and assigned Florida document number L09000015989.

This amendment is submitted to amend the following:

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

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:

2559 POPLAR STREET

(Principal office address MUST BE A STREET ADDRESS)

LEESBURG, FLORIDA 34748

Enter new mailing address, if applicable:

2559 POPLAR STREET

(Mailing address MAY BE A POST OFFICE BOX)

LEESBURG, FLORIDA 34748

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:

JEFFREY D. SMALT

New Registered Office Address:

2559 POPLAR STREET

Enter Florida street address

LEESBURG,

City

, Florida 34748

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.

Jeffrey D. Smalt
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

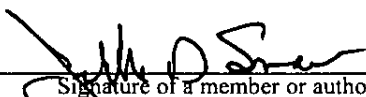
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIAM B. MAHAN JR.	1011 S. 9TH STREET	<input type="checkbox"/> Add
		LEESBURG, FL. 34748	<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 5, 2013.



Signature of a member or authorized representative of a member

JEFFREY D. SMALT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA