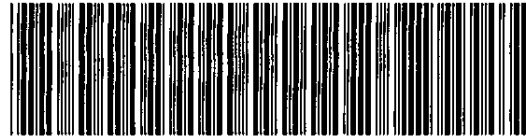


LD9000019038



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 30 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MRSA Consultant 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:

Carrie Perez  
Name of Person

MRSA Consultant LLC  
Firm/Company

P.O. Box 4  
Address

Trilby, FL 33593  
City/State and Zip Code

new - carrie @ MRSA support group. org  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11 SEP 29 AM 10 57

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For further information concerning this matter, please call:

Carrie Perez at (813) 997-4555  
Name of Person 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

MRSA Consultant 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 2/25/2009 and assigned  
Florida document number L09000019038

This amendment is submitted to amend the following:

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

Salvation Health 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)

no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Salvation Health

P.O. Box 4

Trilby, FL 33593

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SEP 29 AM 11:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

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 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

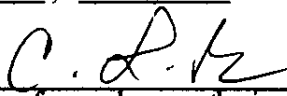
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated 9/21/2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Carrie L. Perez  
 \_\_\_\_\_  
 Typed or printed name of signee