

Division of Corporations

Page 1 of 1

L09000026028

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000187092 3)))



H120001870923ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 20 AM 8:27

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kmoro@fwblaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEALTHCARE MANAGEMENT RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

12 JUL 20 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu **B. KORN** Corporate Filing Menu

Help

JUL 23 2012

EXAMINER

Law Offices
FRANK, WEINBERG & BLACK, P.L.
7805 SW 6th Court
Plantation, Florida 33324
Telephone (954) 474-8000
Facsimile (954) 474-9850

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 20 AM 8 27

FACSIMILE COVER SHEET

To: <1-850-617-6383>

From: Kathy Moro

Date/Time: 7/20/2012 2:22:55 PM

Fax #: 1-850-617-6383

Subject: Div. of Corporations - Amendment Section

File Number:

Note: Please file the attached Articles of Amendment at your earliest convenience for Healthcare Management Resources, LLC to remove Charles H. Wardlow as a MGRM

Thank you

YOU SHOULD RECEIVE 4 PAGES INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES AS INDICATED ABOVE, PLEASE CONTACT Kathy Moro AT (954) 475-8050, EXTENSION , IMMEDIATELY. THANK YOU

PLEASE NOTE: THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS ATTORNEY-PRIVILEGED AND CONFIDENTIAL, AND IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED BY LAW. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY OUR OFFICE IMMEDIATELY, AND RETURN THE ORIGINAL FACSIMILE TO OUR ADDRESS LISTED ABOVE BY UNITED STATES MAIL. THANK YOU

H12000187092 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HEALTHCARE MANAGEMENT RESOURCES, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 20 AM 8:27

The Articles of Organization for this Limited Liability Company were filed on 3/17/2009 and assigned
Florida document number L09000026028

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 "LLC."

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)

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

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

H12000187092 3

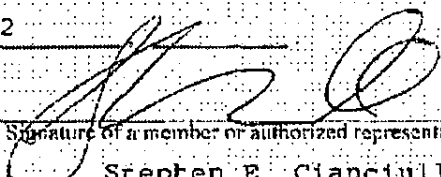
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Charles H. Wardlow	7805 SW 6 Court Plantation, FL 33324	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 20, 2012



Signature of a member or authorized representative of a member
Stephen E. Cianciulli, MGRM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H12000187092 3