

LD9000044364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

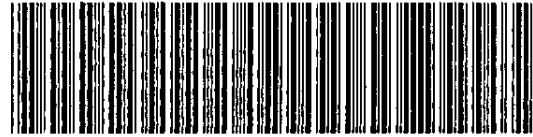
Special Instructions to Filing Officer:

**L. SELLERS**

FEB - 9 2011

**EXAMINER**

Office Use Only



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SECRETARY OF STATE  
MILWAUKEE, WISCONSIN  
MILWAUKEE, WISCONSIN

11 FEB - 7 PM 3:27

FILED



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

Quantum Health 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 05/07/2009 and assigned Florida document number L09000044364.

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: \_\_\_\_\_

*(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:**

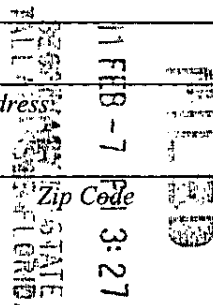
Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address \_\_\_\_\_

\_\_\_\_\_, Florida

City \_\_\_\_\_



**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:

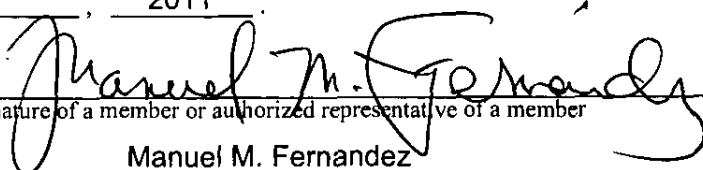
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                                       | <u>Type of Action</u>  |
|--------------|------------------|--|--|
| MGR          | Jose I. Gonzalez | 5805 Blue Lagoon Dr. Ste 280<br>Miami, Florida 33126 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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

Dated February 01, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Manuel M. Fernandez  
\_\_\_\_\_  
Typed or printed name of signee