## L09000044364

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**EXAMINER** 

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BEDSTORY PROTATE



## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	Quantum I	Health Group LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
	1	Manuel M. Fernandez			
		Name of Person			
Quantum Health Group LLC.					
Firm/Company					
	5805 Blue Lagoon Dr. Ste 280				
		Address			
	Miami, Florida 33126				
	City/State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	eall:			
Man	uel M. Fernandez	at ( 305 ) 4	47-8404		
Name of Person Area Code & Daytime Telephone Number		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)	Section 1.25 Secti		

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

Quantum Health Group LLC.					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(A Florida Limited Li	ionity Company)				
The Articles of Organization for this Limited Liability Company v	vere filed on	05/07/2009	and assig	ned	
Florida document numberL09000044364					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "L	LC" or the ab	breviation	
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)					
				<del></del>	
				<del></del>	
B. If amending the registered agent and/or registered office address here:		records, <u>enter tl</u>	he name of	the new	
Name of New Registered Agent:		·	**************************************		
New Registered Office Address:		;		elea metraliku	
New Registered Office Address.	Enter	Florida street addr	2007 D	***	
	2,,,,,			TOTAL TOTAL	
		, Florida		3	
	City	•	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		•	(교육) 다	الانته	
			関抗で		

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 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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose I. Gonzalez	5805 Blue Lagoon Dr. Ste 280 Miami, Florida 33126	Add Remove
			Add Remove
			Add Remove
D. If amend	fing any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
Dated	February 01	incel M. To mande	
		Manuel M. Fernandez  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00