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C. LEWIS

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EXAMINER

## **COVER LETTER**

Registration Section

Division	of Corporations		
SURJECT:	South Flor	ida Medicine, LLC	r
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	_		•
The enclosed Art	icles of Amendment and fee(s) are su	bmitted for filing.	•
Please return all	correspondence concerning this matte	r to the following:	•
			•
* *		Monica Wallace	•
	,	Name of Person	•
_			•
	M	cDermott Will & Emery	
,		Firm/Company	
	00"	7 14/ Manuara Ovilla 440	00
		7 W. Monroe, Suite 440 Address	<u></u>
		Addiças	
. Air		Chicago, IL 60606	
		City/State and Zip Code	
•	J	mwallace@mwe.com	<u> </u>
	E-mail address:	(to be used for future annual repo-	rt notification)
For further inform	nation concerning this matter, please	call:	
ж ж <del>т</del>		•	
•	Monica Wallace	at (_312_)	984-7757
	Name of Person	Area Code & I	Daytime Telephone Number
			:
Enclosed is a che	ck for the following amount:		· ·
<b>✓</b> \$25.00 Filing	Fee \$\ \bigs\ \\$30.00 \text{ Filing Fee & }\	\$55.00 Filing Fee &	\$60.00 Filing Fee,
(* )	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is en	closed) Certified Copy (additional copy is enclosed)
			(422410-1217)
	MAILING ADDRESS.	STD FFT/C	OURIER ADDRESS:
•	MAILING ADDRESS: Registration Section	Registration	Section
•	Division of Corporations	Division of Cliffon Puils	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Build 2661 Execut	ing ive Center Circle
	-	Tallahassee,	FL 32301-

2010 JUL 27 AM III: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South	<u> Florida I</u>	<u> Medicine, LLC</u>	<u> </u>		
(Name of the Limited Lia (A Flo	orida Limited I	inv as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabi Florida document number		were filed on	05/13/2009	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company her	ç:		
The new name must be distinguishable and end with th	e words "Lim	Ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		3343 State Road 7			
(Principal office address MUST BE A STREET ADDRESS)		Wellington, FL 33449			
Enter new mailing address, if applicable:		3343 State Ro	pad 7		
(Mailing address MAY BE A POST OFFICE BO.	Wellington, FL 33449				
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	address her	e: Road 7	ur records, <u>enter t</u> er Florida street add		
•		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 duttes, 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:

	ger naging Member	· . ·	: •	·
Title	Name	Address		Type of Action
				Add Remove
3	•			Add Remove
				Add Remove
				Add Remove
				_∐Add Remove
· 1			2	Add Remove
D. If amendin	g any other information, enter change(	s) here: (Attach addition	nal sheets, if necessary.)	
				<del>-</del>
	5			TIL 27 A
Dated	July 20 301		3	JUL 27 AM III: 34 AHASSEE, FLORIDA
· ·	V. 1	r authorized representative Ravi Patel	oi a member	Ser F

Page 2 of 2 Filing Fee: \$25.00