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D. BRUCE

JUL 20 2009

**EXAMINER** 

## **COVER LETTER**

Division of	Corporations			
SUBJEÇT:	ANA MEDICAL H	EALTHCARE SER	VICES	
	Name of Lim	ited Liability Company		
	s of Amendment and fee(s) are su	_		
		EARL MORGAN	<del></del>	_
		Name of Person		
MORGANS FINANCIAL SERVICES				
		Firm/Company		_
4111 STIRLING RD SUITE 202W				
		Address		_
	FT	LAUDERDALE FL 333	14	žg e
		City/State and Zip Code		ALLAHA SECRET
	E-mail address	emorgy01@aol.com (to be used for future annual repo	ort notification)	ASS
For further information	on concerning this matter, please		Ti Houndarion)	17 PH
_		074	504 5040	U 4:21
<del></del>	EARL MORGAN ne of Person	at ( 954 ) Area Code & !	581-5048  Daytime Telephone Number	
Enclosed is a check for	or the following amount:	-		
<b>▼</b> \$25.00 Filing Fee -	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certifie	ate of Status &
MA	AILING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANA MEDICAL HEALTHCADE SERVICES LLC

(Name of the Limited Liability (A Florida )	Company as it now appear Limited Liability Company)	rs on our records.)	<u></u>
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	07/07/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :	
A & A MEDICAL HE	EALTHCARE SERVIC	ES LLC	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			7.00 o
(Principal office address MUST BE A STREET ADDR	RESS)		9
			ASSEE, F
Enter new mailing address, if applicable:	<del></del>		F-(-)
(Mailing address MAY BE A POST OFFICE BOX)			S
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	trace
	En	er Pioriau street aac	11 E33
	Ch.	, Florida	Zin Co do
	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 = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	·		
			Add Remove
			Add Remove
			□ D
	<del></del>		□ Domovio
			Remove
D. If amend	ding any other information	n, enter change(s) here: (Attach additional s	heets, if necessary.)  O9 JUL 17 PH
 Dated	JULY 08	2009 M	4: 26
	Signali	re of a member or authorized representative of a	member
		EARL MORGAN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00