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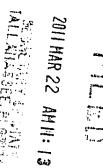
EXAMINER

Office Use Only



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COVER LETTER

Division of	Corporations
SUBJECT:	All Partners Network PLLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corn	respondence concerning this matter to the following:
	Michael Słobasky DO
	Name of Person
	All Partners Network PLLC
	Firm/Company
	· 2379 SW ISland Creek Trank Address
	City/State and Zip Code City/State and Zip Code City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Michael	at (215) 869-8777 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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**

All Par	tners Network PLLC				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appea da Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 08/05/2009 and a					
Florida document numberL09000074996	·				
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	2011 1A.L.1		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	ny," the designation	25 2		
Enter new principal offices address, if applicable:			20 0		
(Principal office address MUST BE A STREET ADd	DRESS)		五章 量		
			- Now		
			÷(1) €(3)		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on o ldress here:	our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Eni	ter Florida street aa	ldress		
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Register	red 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 **Title Name** Address Type of Action **MGRM** Allan Vrable 2379 SW Island Creek Trail ✓ Remove Palm City, FL 34990 MGRM Allan Vrable, D.O., P.A. 2379 SW Island Creek Trail ✓ Add Palm City, FL 34990 ☐ Remove ∏Add ☐ Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) For Accounting and Tax purposes only, this amendment is effective May 1, 2010. March 10 2011 Dated Signature of a member or authorized representative of a member Michael Slobasky DO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00