Florida Department of State

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Account Number : I20010000062

Phone Fax Number (323)962-8600 (323) 962-3889

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSAL HEALTH CARE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
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FEB 19 2010

EXAMINER

FAX COVER SHEET

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COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2010-02-18 10:44:31 PST	
RE	FL SOS - LZ order # 7392697	

COVER MESSAGE

Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 | Fax 323.337.0742| tburroughs@legalzoom.comwww.legalzoom.com | 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028

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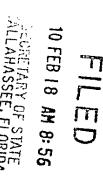
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To: Tony Burroughs

Subject:

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: UNIVERSAL HEALTH CARE SOLUTIONS LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and leg(s) are submitted for fiting.

Please return all correspondence concerning this matter to the following:

•				
	Tony Burroughs			
•	rony burroughs	(Name of Person)		
	Legalzoom.com, Inc	i.		
		(Firm/Company)		
	7083 Hollywood Blv			
		(Address)	O FI	
	Los Angeles, CA 9	0028	AHA AHA	· ·
		(City/State and Zip Code)	SSE SSE	
For further information	concerning this matter, please o	all:	AM 8: E. FLC	
Tony Burroughs		at (323) 962-8600	ORAL Sunday	
(Name	e of Person)	(Area Code & Daysime Tel	ephone Number)	
Enclosed is a check for	the following amount:		•	
\$25.00 Filing Fee	\$30,90 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			· .	
Regis Divisi	LING ADDRESS: tration Section for of Corporations	STREET/COURIER A Registration Section Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

UNIVERSAL HEALTH CARE SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of	of Organization for this Limited Liability Compan	y were filed on 10/2//2009	and a	13.116,1100
Florida docun	nent number <u>L09000103824</u>			ਰ ਜ <u></u>
This amendme	ent is submitted to amend the following:		AHA	
A. İf amendi	ing name, <u>enter the new name of the limited it</u> a	billty company here:	řń≺	の E D
The new name	must be distinguishable and end with the words "Lin	nited Liability Company," the des	signation "LISS" th	
	ding the registered agent and/or registered c ent and/or the new registered office address he		Þ	of the new
registered ag			Þ	of the new
registered ag	ent and/or the new registered office address he oe of New Registered Agent:		Þ	of the new
registered ag	ent and/or the new registered office address he	re:	Þ	of the new
registered ag	ent and/or the new registered office address he oe of New Registered Agent:	re: (Enter Florid	Is, enter the name	of the new
registered ag	ent and/or the new registered office address he oe of New Registered Agent:	re: (Enter Florid	ls, enter the name	·
registered ag	ent and/or the new registered office address he oe of New Registered Agent:	re: (Enter Florid	Is, enter the name o street address)	·
registered age Nam	ent and/or the new registered office address he oe of New Registered Agent:	(Enter Florid.	Is, enter the name o street address)	·

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)

10; Page 5 of 5

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 - N	Manager ≃ Managing Member			
Title	<u>Nume</u>	Address	Type of Ac	<u>tion</u>
MGR_	CHESTER MATUSEWICZ	3023 EASTLAND BLVD, SUITE 107, BLDG. H CLEARWATER FL 33761	Add Remove	
MGR_	Edward M. Kasper	100 Bluff View Drive, Unit 508A Belleair Bluffs, Florida 33770	Add Remove	
			Add Remove	
			Add Remove	
*******			Add Remove	
			□Add □Remove	
	. , .	(s) here: (Attach additional sheets, if necessary.)		
•	shall be: 100 Bluff View Drive, Unit 50	cipal office and the mailing address of the LL© r DSA Belleair Bluffs, Florida 33770	= = =	
•	Article V. The address of the manage		EB 18	
	100 Bluff View Drive, Unit 508A, Belle	air Bluffs, Florida 33770	TO ≥	m
Dated	Tuesce & Marsser	· · · · · · · · · · · · · · · · · · ·	H 8:56 F STATE	O
	Signature of a member	or authorized representative of a member		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Typed	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00