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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
FEB 2 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: THE PHONE HOSPITAL LLC Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Ross Name of Person					
THE PHONE HOSPITAL Firm/Company					
2421 VICTORIA GARDENS Address					
Tampa, FL 33609 City/State and Zip Code SERVICE DTHE; PHONE HOSPITAL. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Ross NEWMAN at (813) 766-850 G Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$\$					

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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on $\overline{\mathcal{D}}$	EC. 30 2009 and assigned		
Florida document number <u>Lo 90001237</u>	<u> 199</u> .	TALLER TO		
This amendment is submitted to amend the follow	ing:	HASSIAN ELLER		
A. If amending name, enter the new name of the	ne limited liability company he	re: Fig. 3		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "LLE Athe abbreviation		
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:	***			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	~	our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
		, Florida		
	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 of 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 = Raic A NEwman 3305 w. Kennedy Brud. Dradd

16RM	CRAIG A NEWMAN	3305 W. KENNEDY BUD.	Add
	-	TAMPA, FL 33609	Remove
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D. II amendin	ig any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	
			
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		nuthorized representative of a member	
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Filing Fee: \$25.00