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SECRETARY OF STATE
TALLAHASSEE, FI OBJECT

D. BRUCE

SEP 0 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COM		IANAGEMENT SERVIC	CES, LLC		
	Name of Limi	ted Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		FRANK MIRANDA			
		Name of Person		_	
	FRA	ANK C. MIRANDA, ESQ			
		Firm/Company		-	
		703 W SWANN AVE			
		Address		TAI	
		TAMPA, FL, 33606		10 SEP -2 SECKETARY LLAHASSER	
		City/State and Zip Code		EP -2 ETAR (HASSI	
	CA	NDTORR@AOL.COM		333 7. L	
	E-mail address: (to be used for future annual report notif	ication)	PH ST	,
For further information	concerning this matter, please c	eall:		PM (OF STATE E. FLORIDA	<u></u>
STANLE	y 022	at (<u>813)</u> 679-	- 14 38		
Name	ðf Person	Area Code & Daytin	e Telephone Numbe	er	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed		iling Fee, ate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPLETE MEDICAL MANAGEMENT SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limite	d Liability Company were filed on	1/12/2010	and assigned	
Florida document numberL10000	004045			
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liability company he	ere:		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if ap	plicable:			
(Principal office address MUST BE A STR	REET ADDRESS)		10 10	
			ARE ET T	
Enter new mailing address, if applicable:			SSE 2	
(Mailing address MAY BE A POST OFFI	CE BOX)		<u> </u>	
B. If amending the registered agent a registered agent and/or the new registere	nd/or registered office address on doffice address here:	our records, enter	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	E	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JON WHEELER	703 W SWANN AVE TAMPA, FL 33606	✓ Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if neces	ssary.)
			10 SE
 Dated		√ .	FILED P-2 PM 10 07 ARY OF STATE ASSEE, FLORIDA
		per or authorized representative of a member STANLEY ORR	OZ RIDA
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00