

L1000000 8035

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 25 PM 1:50

MAY 29 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diabetes Plus Medical Solutions, 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:

Anita Miller

Name of Person

Pro Medical Solutions, LLC

Firm/Company

11250 Old St Augustine Rd #15245

Address

Jacksonville, FL 32257

City/State and Zip Code

alcjax@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Miller

Name of Person

at (904)

610-2279

Area Code & Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 25 PM 1:50

Diabetes Plus Medical Solutions, 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 Limited Liability Company were filed on January 21, 2010 and assigned
Florida document number L10000008035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRO Medical Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11250 Old St Augustine Rd #15245

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32257

Enter new mailing address, if applicable:

11250 Old St Augustine Rd #15245

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32257

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Anita Miller

New Registered Office Address:

11250 Old St Augustine Rd #15245

Enter Florida street address

Jacksonville

Florida

32257

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:

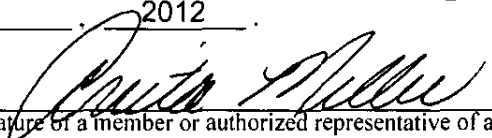
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mark Pickard	11250 Old St Augustine Rd #15245 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anita Miller	11250 Old St Augustine Rd RD 15245 Jacksonville, FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 21, 2012


Signature of a member or authorized representative of a member

Anita Miller

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

12 MAY 25 PM 1:50

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SECRETARY OF STATE
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