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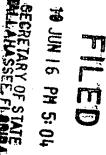
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: L. SELLERS					
JUN 17 2010					
EXAMINER					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
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:						
PENE 5 RUIZ Name of Person						
HEALTHCARE ALLIANCE LIC Firm/Company						
150 EAST STATE STREET, SUITE 101 Address						
City/State and Zip Code						
RENER T INTO CHHOME HEALTH. COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
REVE 3 POTZ at (813) 399-7431 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Fee} \text{Solution} \text{Solution} \text{Filing Fee} \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee} \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee} \text{Solution} \text{Certificate of Status} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

MEDITHCARE ALLIANCE LLC (Name of the Limited Liability Company as it now appears on our records.)
(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
Florida document number <u>Lococo11092</u> .
,
This amendment is submitted to amend the following:
: A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
·
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
ு. இறை ஆ
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street addes
, Florida Registration of the control of the contro
City Sip Gode
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 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 = M	lanaging Member		
· Title	<u>Name</u>	Address	Type of Action
m <u>GRM</u>	TENNY BELLOUS	10470 N MCKINLEY APT # 9312 TAMPA, FL 33612	Add Remove
<u>P</u>	JENNY BELLOWS	10430 N MCKINLEY APT # 9312 TAMPA, FL 33612	Add Remove
CFO_	RENE S RUIZ	6315 GANT RD TAMPA, FL 33615	Add Remove
MGRM	GRISEL RUIZ	6315 GANT ED TAMPA, FL 33615	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	6/14 301	10.	
	Signature of a member	or authorized representative of a member	
	RENE Typed	or printed hame of signce	<u> </u>

Page 2 of 2

Filing Fee: \$25.00