L1000013624

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To whom it may concern

Please find enclosed the relevant forms and filing fee to amend the articles of organization for Merlin Healthcare LLC, a Florida filed LLC with a document number of 10000013624,

Kind Regards,

Paul Chard

Managing Member

Email: paul.chard@merlin-hc.com

Office: 407 792 2265 Cell: 407 288 7659

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MELIN HEALTHCARE 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:
Paul CHARD Name of Person
MERLIN HEALTHCARE LLC Firm/Company
610 SYCAMORE ST, SUITE 240
CELEBRATION FL 34747 City/State and Zip Code Poul Chard C Fres In-hc - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407 288 7659 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \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

FILED

	-	10 APR 12 PM 1:50
	ILTHCARE L	SECTION OF CLAPE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	comsDAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on STEBRU	and assigned
Florida document number <u>L10000 13624</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the des	agnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	GID SUCAN	10RE STRUET
(Principal office address MUST BE A STREET ADDRESS)	SUITE 245	10RE STRUET
Trincipal office dual cas is 200 BB is a second is because,	CELEBRATIO	· _
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Tion address on our record	s enter the name of the new
registered agent and/or the new registered office address her		s, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
		Tlorida
	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 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			
MGEM	DAVID CHUBB	817 VERANDA PLACE CELESCATION, FL 34747	Add Remove			
Mgrm	GARETH DAVIES	817 VURANDA PLACE CELEBRATION, FL 34747	Add Remove			
Myem	STEVEN KING	817 VERANDA PLACE CILEBRATION, FL 34747	Add Remove			
Magen	BESPOKE JOHN ING LIMITED		Add Remove			
MGRM	BESPOKE TRAINING OWNO DEVELOPMENT LTD	Blissford Lodge, Blissford Hall Fragham, Fordinbridge Hampshire SP6 2HU	Add Remove			
D. If amendin	ng any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	Add Remove _			
		TALLAHASSEE; FI	FILED 10 APR 12 PM 1			
Dated	gh spril. 200	DRIDA:	1:50			
-	Signature of a member or authorized representative of a member Aul Cl-All Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00