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DIVISION OF CORPORATION

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COVER LETTER

' 'Division of Co	orporations	:			
SUBJECT:	DR. RICHA	RD M. COWIN LLC			
		ited Liability Company	, ,		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
		Dr. Diobord M. Cowin			
	Dr. Richard M. Cowin Name of Person				
	_				
Dr. Richard M. Cowin LLC					
		Firm/Company			
		11069 Coniston Way			
		Address			
	V	Vindermere, FL 34786			
	City/State and Zip Code				
	D 1 - 11 7	rcowin611@aol.com to be used for future annual report notific			
		•	auon)		
For further information	concerning this matter, please of	call:			
Dr. R	tichard M. Cowin		341-7484		
Name	Name of Person 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)		

TO:

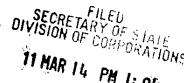
Registration Section

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



DD DIC	NIADD M. COM/INI	IC PH 1:	04
	CHARD M. COWIN L ility Company as it now appe ida Limited Liability Company	LU	• •
(A Flori	ida Limited Liability Company) <u> </u>	
The Articles of Organization for this Limited Liability	ty Company were filed on	March 19, 2010 and a	ssigned
Florida document numberL10000030504	•		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:			.
(Principal office address MUST BE A STREET AL	DDRESS)		<u> </u>
Enter new mailing address, if applicable:		······································	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>.</u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Cod	le

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	_		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If aı	mending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
	In the ARTICLES OF ORGANIZATION	ON, Article 5 - Purposes and Powers, the	_
	1st sentence should be changed to re	ead: "The general purpose for which the	<u></u>
	Company is organized is to transact	any lawful business for which a limited	
	liability company may be organized u	nder the laws of the State of Florida:"	
	The 2nd sentence should remain unc	changed.	SE SEVICE
Dated _	March 9 20	or authorized representative of a member	GRETARY OF CORP
	Dr. Richard M	ORAT	
	Туред	or printed name of signee	2 de la

Page 2 of 2

Filing Fee: \$25.00