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(Cit	ty/State/Zip/Phone	9 #)
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T. CLINE RECEIPE NO. -6 MIN OF STATE AND -6 MI

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Caduceu	is Partners, LLC	•	
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Mark Chaves		
		Name of Person		
		Daszkal Bolton LLP		
		Firm/Company		
490 Sawgr		rass Corporate Pkwy,	Suite 200	
		Address		
		Sunrise, FL 33325		
		City/State and Zip Code		12
=	mcha	aves@daszkalbolton.c	ort notification)	SEC
For further information	concerning this matter, please	•	ny normanony	2010 AUG - 6 SECRETARY
_				1.1.
	Mark Chaves	at (561_)	367-1040	E OF O
Name	of Person	Area Code &	Daytime Telephone Number	AMH: 08
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 en	nclosed) Certified	e of Status &
" MAI	LING ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Caduceus Partners, LLC		
(Name of the	e <u>Limited Liability Company as it now appe</u> (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this L	.imited Liability Company were filed on	03/19/2010	and assigned
Florida document numberL10	0000030723		
This amendment is submitted to amend	d the following:		
A. If amending name, enter the new	name of the limited liability company h	ere:	
	nd end with the words "Limited Liability Com	pany," the designation "l	LLC" or the abbreviatio
"L.L.C."		:	72 20 M
Enter new principal offices address,	if applicable:		
(Principal office address MUST BE A	A STREET ADDRESS)		7F 5
			SSA 6
			THE PARTY OF
Enter new mailing address, if applic	able:		S S S S S S S S S S S S S S S S S S S
(Mailing address MAY BE A POST C			<u> </u>
		, ia-	
	ent and/or registered office address on	our records, enter t	the name of the nev
registered agent and/or the new regi	stered office address here:		
Name of New Registered Ag	ent:		
New Registered Office Addr			
	E	Enter Florida street ada	lress
		, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Age at:

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:

	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 .			Add Remove
			Add Remove
····	- · · · · · · · · · · · · · · · · · · ·		Add Remove
			Add
			Add'
- <u></u>			ASSET Add
D. If am	Spelling of managing members	ter change(s) here: (Attach additional sheets, if necessarer's name was misspelled on the original filing.	STATE OF THE OWNER OWNER OF THE OWNER OWNE
	The name should be spelled	"Robert Levy".	 .
Dated	August 2nd	2010	<u> </u>
Daled		f a member or authorized representative of a member	
	Signature of	Mark Chaves	
	<u> </u>	Typed or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00