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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER OF TAMPA

Account Number : 071344001620 Phone : (813)229-2300

Fax Number : (813)221-4210

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BELLAMORA HOLDINGS, LLC

Certificate of Status	<u> </u>
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C. LEWIS SEP 2 7 2010

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 SEP 24 AM 9: 50

SECRETARY OF STATE TALEAHASSEE FLORIDA

BELLAMOR	A HOLDINGS, L	
(Name of the Limited Liability C (A Florida Lir	nited Liability Company)	rs on our records.
The Articles of Organization for this Limited Liability Cor Florida document number <u>L10000038031</u>	mpany were filed on	April 8, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company he	<u>:e</u> :
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>(\$25)</u>	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on o ss here:	our records, <u>enfer the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	····	
	En	ter Florida street address
	/22	, Florida Zip Code
	Citv	LID COAE

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

MGR = Manager

813-221-4210

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:

	Name	Address	Type of Action
1GR	Bruce W. Miller, M.D.	13000 N. Dale Mabry Highway Tampa, FL 33618	Add Remove
<del></del>	·		
<del></del>			Add Remove
<del></del>			Add Remove
			Add
			AddRemose
If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	v.)
			<del></del>
_ _			70.00
	September 24	2010	ZOIN SEP 24 AM 9: 50 TALLVAHLASSEE FILDRID

Typed or printed name of signed Page 2 of 2

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