

L10000077801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

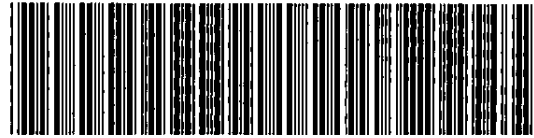
(Business Entity Name)

(Document Number)

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10 SEP 29 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 30 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALLIED MEDICAL & RESEARCH 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:

**DAWN RICE**  
Name of Person

**SYMBACARE, LLC**  
Firm/Company

**810S STATE ROAD 7**  
Address

**PLANTATION, FL 33317**  
City/State and Zip Code

**drice@jclaccountingsolutions.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAWN RICE** at ( **954** ) **753-1062**  
Name of Person Area Code & Daytime Telephone Number

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**TALLAHASSEE, FLORIDA**

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)

**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**

**ALLIED MEDICAL & RESEARCH, LLC**

(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 07/23/2010 and assigned Florida document number L10000077801.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SYMBACARE, LLC

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)

8105 STATE ROAD 7

PLANTATION, FL 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8105 STATE ROAD 7

PLANTATION, FL 33317

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TALLAHASSEE, FLORIDA  
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**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:**

Name of New Registered Agent:

JCL BUSINESS ACCOUNTING SOLUTIONS

New Registered Office Address:

1440 CORAL RIDGE DRIVE #407

*Enter Florida street address*

CORAL SPRINGS

, Florida

FL 33071

*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 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:

MGR = Manager  
MGRM = Managing Member

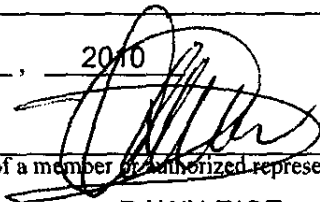
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	I.S.J.P & CO. INC	4416 W. BROWARD BLVD PLANTATION, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	J.S.P ENTERPRISES, INC	5651 SW 2ND STREET PLANTATION, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	D. C. RICE	1440 CORAL RIDGE DRIVE SUITE #407 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated SEPTEMBER 24, 2010



Signature of a member or authorized representative of a member

DAWN RICE

Typed or printed name of signee