L100000841049

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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D. BRUCE
JAN 21 2011
EXAMINER

COVER LETTER

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тę:	Registration S Division of Co					
SUBJE	CCT:	AMBASSADOR H	EALTH SOULTIONS, I	LLC		
			nited Liability Company		•	
and a	1 14 21					
		of Amendment and fee(s) are su	-			
Please	return all corresp	condence concerning this matte	r to the following:			
		KE	EITH W KOEHLER CPA			
		-	Name of Person		_	
		KOE	EHLER & COMPANY PA			
			Firm/Company		-	
40		40	1 N HOWARD AVENUE		₹ % =	
			Address		AAA AA	71
			TAMPA, FL 33606		JAN 20 CRE FAR) AHASSI	F
			City/State and Zip Code		F 9 3	П
		KOEH	ILER@CPA-TAMPA.COM to be used for future annual report noti	(figation)	TIS T	
For furt	her information	concerning this matter, please	•	meanony	OF STATE	İ
	KEIT	H W KOEHLER	at (813)	250-1200		
	Name	of Person		ne Telephone Numbe	er	
		the following amount:				
]\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	ate of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMBASSADOR HEALTH SOULTIONS, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company was a L1000084049.	ere filed on	08/11/2010	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
AMBASSADOR HEALTH	SOLUTIONS	, LLC	
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Compa	ny," the designation "L	LC" or the abbrevia
Enter new principal offices address, if applicable:			-
Principal office address MUST BE A STREET ADDRESS)			
•			
		30	A 20
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			S
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	<u> </u>	Ä	
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	ce address on o	ur records, <u>enter t</u>	he name of the
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Eni	er Florida street addi	ress
		, Florida	7. 0.
	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:

	= Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	· · · · · · · · · · · · · · · · ·		Add Remove
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	ending any other information, enter chang THERE WAS AN ERROR IN THE S	e(s) here: (Attach additional sheets, if necessare	語をす
,	WHEN THE ARTICLES OF ORGAN	IZATION WERE ORIGINALLY FILED	
•	WHEREBY IT WAS SETUP AS AME	BASSADOR HEALTH SOULTIONS, LL	- CE S
	INSTEAD OF AMBASSADOR HEAL		RIO.
-			
Dated	Signature of a member	or authorized representative of a member	a de la constante de la consta
	KEI	TH W KOEHLER	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00