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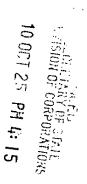


900186724609

B. KOHR

OCT 2 7 2010

EXAMINER



COVER'LETTER

TO: Registration Division of C			
SUBJECT:	Daniel McGra	dy & Associates, LLC	
SUBJECT.		ited Liability Company	
			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	10 OCT 25 PM 4:
	spondence concerning this matter	-	(A)
rease return an corres	policine concerning this matter	to the following.	Ž.
		Daniel McGrady	7.
		Name of Person	
	0.	outh Florida FRAD II O	
		outh Florida EMR, LLC Firm/Company	
		. ,	
		5150 SW 20th Street	
		Address	
		Plantation, FL 33317	
		City/State and Zip Code	
	dani E-mail address: (elmcgrady@yahoo.com to be used for future annual report n	otification)
For further information	n concerning this matter, please of	·	
D	aniel McGrady	at (_954)	792-0729
	e of Person		time Telephone Number
England is a short fa	u sha fallawina amayust		
	r the following amount:	Tiess oo eiling en e	COO OO Ellina Faa
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Sec Division of Cor Clifton Building 2661 Executive	porations B Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Daniel McGrady & Ass	ociates, L	LC	F. (2)
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears y Company)	on our records.)	5
The Articles of Organization for this Limited Liability Company were to	filed on	10/18/2010	and assigned
Florida document numberL10000108846			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	ompany here:	;	
South Florida EMR	, LLC		ation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "Limited Lia"L.L.C."	bility Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac	ddress on ou	r records enter th	e name of the new
registered agent and/or the new registered office address here:	udites on ou	i records, <u>enter tr</u>	to name of the new
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Ente	r Florida street addr	ess
		, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

1	<u>Name</u>	Address	Type of Act
			Add
			П n
			Add
			Add
			Remove
			□ Damaya
			Add
famen	ding any other information, en	ter change(s) here: (Attach additional sheets, if nece	
<u>N</u>	o other changes.		
_			
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_ _ d	October 22	, <u>2010</u> .	
 d		2010	

Page 2 of 2

Filing Fee: \$25.00