## 110000120918

(Re	equestor's Name)			
(Address)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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MAY 23 2011

EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations					
SUBJECT:	Onsite	Medics LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Wesley Echevarria				
		Name of Person				
		Onsite Medics LLC				
		Firm/Company				
		5816 NW Wesley Rd				
		Address				
	Por	t Saint Lucie , Fl 34986				
		City/State and Zip Code	LEG II			
	Wes E-mail address: (	sley@Onsitemedics.com to be used for future annual report notification)	ZOII MAY 20 SEGRETARY ALLAHASS			
For further information	concerning this matter, please o	eall:	144 m			
Wes	sley Echevarria	at ( 954 ) 650-0718 / 8	12-1247 S 5			
	of Person	Area Code & Daytime Telephon	e Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	Certificate of Status		60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS: tration Section	STREET/COURIER ADD Registration Section	RESS:			

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Onsite Medics LLC				
(Nam	e of the Limited Liability Company as it now a (A Florida Limited Liability Comp	oany)	_		
The Articles of Organization fo	r this Limited Liability Company were filed or	n11/19/2010	and assigned		
Florida document number	L10000120918				
This amendment is submitted to	amend the following:				
A. If amending name, enter t	he new name of the limited liability compan	y here:			
The new name must be distinguish "L.L.C."	nable and end with the words "Limited Liability C	Company," the designation "L	LC" or the abbreviation		
Enter new principal offices ad	dress, if applicable:				
(Principal office address MUS)	T BE A STREET ADDRESS)				
	<del></del>		22		
Enter new mailing address, if	annliachlas	1			
<b>.</b>		<u></u>			
(Mailing address MAY BE A P	OSI OFFICE BOX)		Y 20		
R If amending the register	ed agent and/or registered office address	on our records outer th			
registered agent and/or the ne	w registered office address here:		e namevor the new		
		ř	<b>(2)</b>		
Name of New Register	red Agent:				
New Registered Office	Address:				
		Enter Florida street address			
		, Florida			
	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

Title	Name	Address	Type of Action
MGRM	Dr. Benny Menendez	7169 Via Firenze Boca Raton , Fl 33433	Add Remove 
			Add Remove
			Add Remove 
			Add Remove
<del>-</del>			Ade Remove
		2016.	Add T
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	
NATIONAL AND ADDRESS OF THE PARTY OF THE PAR			<del>-</del>
***************************************	0 1		_
Dated	Signature of a member or	authorized representative of a member	
_	Wesley tcher		

Page 2 of 2

Filing Fee: \$25.00