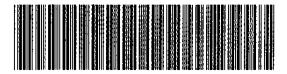
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(Requestor's Name)				
(Address)				
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2011 APR 11 PM 4: 47

J. SAULSBERRY EXAMINER

APR 12 2011

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	СТ:	Med	ical III, LLC				
		Name of Limit	ted Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	indence concerning this matter	to the following:				
			Holly Eakin Moody				
			Name of Person				
		Но	olly Eakin Moody, P.A.				
			Firm/Company		-		
290			0 E. Oakland Park Blvd.		SECI	2011 APR 11	-
			Address		AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	PR	
		For	t Lauderdale, FL 33306		SSEE	=	
			City/State and Zip Code		JF ST	PH 4: 47	
		E-mail address: (t	o be used for future annual report notific	ation)	ESTATES FLORIDA	: 47	
For furt	her information c	oncerning this matter, please c	all:				
		Eakin Moody	ai (66-7417			
	Name o	f Person	Area Code & Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:	•				
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
MAILING ADDRESS: Registration Section			STREET/COURIE Registration Section	R ADDRESS:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N	Medical III, LLC				
(Name of the Limited Liabil (A Florid	lity Company as it now appear a Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	January 13,2011,	and ass	igned	
Florida document number L11000005964	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	e <u>re</u> :			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	pany," the designation "LI	C" or the a	bbreviatio)n
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DRESS)		ALS	201	
			A XX	<u>₩</u>	
			IAR ASS	20	-
Enter new mailing address, if applicable:	-			-0	r T
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	}
			98 F	<u> </u>	. ونعم
B. If amending the registered agent and/or reg			D _m		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	ddress here:	our records, enter in	е паше о	i the nev	M.
Name of New Registered Agent:					
New Registered Office Address:	4.11	77			
	Enter Florida street address				
		, Florida	Tim Code		
	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>	Address	Type of Action
MGRM	Stair's Management	, Inc. 10440 Golden Eagle Court Plantation FL 33324	Add Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add TRemove 20
D. If amen	ding any other information.	enter change(s) here: (Attach additional sheets, if neces.	APR PR PR APR P APR PR APR P APR
<u>s</u>	tair's Management, Inc.,	enter change(s) here: (Attach additional sheets, if neces, a Florida corporation, shall no longer have any	of STATE members
			 ;;;
Dated	April 7		
	~	10/1	
	Signatur	of a member or authorized representative of a member	
		Daryl L. Stair Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00