

L11000039163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000246377040

04/05/13--01023--022 **25.00

FILED
2013 APR - 5 PM 1: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 8 2013
J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROWN Medical Solutions LLC
Name of Limited Liability Company

FILED
2013 APR -5 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TANYA L COOPER
Name of Person

CROWN Medical Solutions
Firm/Company

17820 SE 109th Ave Ste 107B
Address

SUMMERFIELD FL 34491
City/State and Zip Code

CROWNmedicalsolutions@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANYA L COOPER at 352, 391-3468
Name of Person Area Code & Daytime Telephone Number

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

Crown Medical Solutions 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 MARCH 31, 2011 and assigned Florida document number C11000039163

This amendment is submitted to amend the following:

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

NA

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2013 APR -5 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TANYA L. COOPER

New Registered Office Address:

SAME

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.

Tanya L. Cooper

If Changing Registered Agent, Signature of New Registered Agent

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

Dated 04-04-2013

Tanya L. Cooper
Signature of a member or authorized representative of a member

TANYA L. COOPER
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR -5 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA