## L11000049673

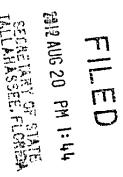
,	(Requestor's Name)				
(	(Address)				
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J. BRYAN

AUG 21 2012

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division	of Corporations				
	Aaaaa Ma	diant Caludiana III O			
SUBJECT:		dical Solutions, LLC ited Liability Company	<del></del>		
	14dillo Ot Dilli	mod Liability Company	TALLAH SECTORE		
The enclosed Arti	cles of Amendment and fee(s) are su	bmitted for filing.	A 116 20		
Please return all correspondence concerning this matter		r to the following:			
		Patricia Hazlett			
	- Partie				
Access Medical Solutions, LLC					
	<del></del>				
Firm/Company					
609 Longmeadow Circle					
		Address			
Longwood, Fl 32779					
	<del>-</del>	City/State and Zip Code	<del></del>		
	info@a	ccessmedicalsolutions.net			
	E-mail address: (	to be used for future annual report notifica	tion)		
For further inform	ation concerning this matter, please of	call:			
	Patricia Hazlett	407 44	22.0424		
Name of Person		at (407) 46  Area Code & Daytime T	63-9124 Celephone Number		
		·	•		
Emplement in a shoul	la Canalan Callandina ann anns				
	k for the following amount:	F-144.44.44			
\$25.00 Filing F	ce \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		
			(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 Corporation Clifton Building	ons		
		2661 Executive Cente	er Circle		
		Tallahassee, FL 3230	1		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A	NA1: -1 O 1 1: - 1		强 2
ACC	ess Medical Solutions, L	LC	
(A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	
			100
The Articles of Organization for this Limited Li	ability Company were filed on	April 27 2011	and assigned.
Florida document numberL11000049	<u>.</u>		
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ible:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	TADDRESS)		
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE )	<u> </u>		
Section 1		·	·
nto di nafagore perodicato propieto e espel no 18 maio de 18 maio e en especial en en especial			
B. If amending the registered agent and/o	r registered office address on	our records, enter	the name of the new
registered agent and/or the new registered off	ice address here:		
i,			
Name of New Registered Agent:			
a transfer of the state of the			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
<b>S</b>	<u>K</u>	nter Florida street add	iress
		, Florida	
No. of the second secon	City	<del></del>	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** <u>Name</u> Address **Type of Action** MGR Victor Alcocer 1758 Sycamore terrace Weston, Fl 33327 [] Add Remove 🚄 MGRM Victor Alcocer 1758 Sycomore Terr Add E. Weston, Fl 33327 Remove ☐ Add Remove ∏Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Aug, 16, 2012 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00