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Special Instructions to F	iling Officer:	

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EXAMINER APR 16 2012

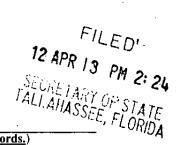
COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT.	Davidson Infi	usion Services, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Devi Koung	
Name of Person			
	Davidson Infusion Services, LLC		
		Firm/Company	
	5732 Clark Rd		
		Address	
		Sarasota, FL 34233	
		City/State and Zip Code	
	de	evikoung@gmail.com	
	E-mail address: (t	to be used for future annual report notific	eation)
For further information co	oncerning this matter, please c	all:	
D	evi Koung	at (941)	726-2727
Name of		Area Code & Daytime	Telephone Number
Enclosed is a check for th	e 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations to 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Davidson Infusion Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for	r this Limited Liability Compa	ny were filed on	September 28,2011	_ and assigned
Florida document number	L11000111273			
This amendment is submitted to	amend the following:			
A. If amending name, enter t	he new name of the limited li	ability company he	ere:	
The new name must be distinguish "L.L.C."	nable and end with the words "Li	mited Liability Comp	pany," the designation "LLC	C" or the abbreviation
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	T BE A STREET ADDRESS)			
				.
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A P	OST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the register registered agent and/or the ne			our records, enter the	name of the new
Name of New Register	red Agent:			
New Registered Office	e 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Arnold Smolen	5732 Clark Rd Sarasota, FL 34233	Add ✓ Remove
			Add Remove
		-	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			_ _
_ _	1121.2		_
Dated	Signature of a men	nber or authorized representative of a member	
		Devi Koung ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00