

42 0000 5652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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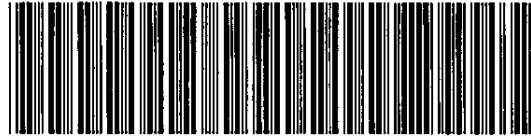
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRITICAL CARE CONSULTING CONSULTING COMPANY PLLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SREEDHAR CHINTALA  
Name of Person

CRITICAL CARE CONSULTING COMPANY PLLC  
Firm/Company

9594 CAMPI DRIVE  
Address

LAKE WORTH FLORIDA 33467  
City/State and Zip Code

achintala19@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SREEDHAR CHINTALA at (646) 670-2580  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CRITICAL CARE CONSULTING CONSULTING COMPANY PLLC  
(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 APRIL 27, 2012 and assigned Florida document number L12000056992

This amendment is submitted to amend the following:

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

CRITICAL CARE CONSULTING COMPANY P. LLC

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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TALLAHASSEE, FLORIDA

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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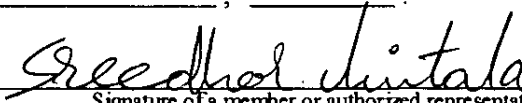
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_,



Signature of a member or authorized representative of a member

SREEDHAR CHINTALA

Typed or printed name of signee

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Filing Fee: \$25.00

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14 SEP 22 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SREEDHAR CHINTALA  
9594 CAMPI DRIVE  
LAKE WORTH, FL 33467  
561-847-4024**

**FLORIDA DEPARTMENT OF STATE  
Division of Corporations**

**SUBJECT: CRITICAL CARE CONSULTING COMPANY "LLC"  
REF. NUMBER : L12000056992**

**Critical Care Consulting Company "LLC" nature of business is to provide medical critical care services to hospitals. Including but not limited to medical consultation, medical education, medical training and medical research. Services are provided a an Independent Contractor.**

**X**   
SREEDHAR CHINTALA  
MGR