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**L12000085987**  
 Florida Department of State  
 Division of Corporations

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**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ACCREDITED PROFESSIONALS LLC**

Certificate of Status	0
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**T. CLINE**

JUL 19 2012

**EXAMINER**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ACCREDITED PROFESSIONALS 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 6/29/2012 and assigned Florida document number L12000085987.

This amendment is submitted to amend the following:

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

American Board of Medicine, 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)

P.O. Box 128

Port Salerno, FL 34992

**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:

Roy Mildner

New Registered Office Address:

423 Delaware Ave.

*Enter Florida street address*

Ft. Pierce

Florida

34950

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA  
JUL 18 2012  
FILED

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 10, 2012

X Christian Elliott  
Signature of a member or authorized representative of a member

Christian Elliott  
Typed or printed name of signer

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