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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

J. BRYAN

SEP 18 2012

EXAMINER



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SENT BY REGULAR U.S. MAIL

September 13, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Paradigm Healthcare, LLC
Articles of Organization's amendment

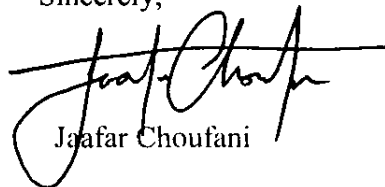
Dear Sir or Madam:

Enclosed for recording please find the amendment of the Articles of Organizations of Paradigm Healthcare, LLC.

Our firm check in the amount of \$25.00 is enclosed to cover the expense of recording this document. We have also enclosed a self-addressed, stamped envelope for your convenience in returning letter of acknowledgment to our office.

Thank you for your assistance in this matter.

Sincerely,


Jaafar Choufani

JC/ms
Enclosures

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SEP 17 PM 2:50
TALLAHASSEE, FL
REGISTRATION DIVISION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADIGM HEALTHCARE, LLC
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:

JAAFAR CHOUFANI

Name of Person

BRET JONES, P.A.

Firm/Company

700 ALMOND STRET

Address

CLERMONT, FL 34711

City/State and Zip Code

JCHOUFANI@BRETJONESPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAAFAR CHOUFANI

Name of Person

at (352)

394-4025

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

PARADIGM HEALTHCARE, LLC

Page 1 of 2

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>
MGR	DAVIAN SANTANA	11233 DWIGHTS RD. CLERMONT, FL 34711	☐ Add ☒ Remove
MGR	DAVIAN SANTANA	4290 HWY 27 S SUITE 201 CLERMONT, FL 34711	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated SEPTEMBER 13, 2012

Signature of a member or authorized representative of a member

JAAFAR CHOUFANI

Typed or printed name of signee

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CLERMONT, FLORIDA