#L12000150972

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SECRETARY OF STATE

K. SALY EXAMINER

MAY - 6 2014

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Wound Care Management Specialists, 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:

Christine Worthen, Esq.				
Name of Person				
Broad and Cassel				
Firm/Company				
One Financial Plaza, Suite 2700				
Address				
Fort Lauderdale, FL 33394				
City/State and Zip Code				
CWorthen@broadandcassel.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Christine Worthen, Esq.

_.,954、764-7060

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2014 APR 29 PM 3: 26

TALLAHASSEE FLORIDA

ords.)

Wound Care Management Specialists, 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 w	vere filed on 12/03/2012	and assigned
Florida document number L12000150972		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and end with the words "Limited Liability	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(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 here:	ce address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title** Name Address **Type of Action** Frank Dovale 6517 Taft Street **MGRM** □ Add Suite 101 Remove Hollywood, FL 33024 □ Add ____ Remove □ Add _ 🗆 Add __ 🗆 Add □ Remove

D. 'If'amend	ing any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
	· 	
		
		
E. Effective	date, if other than the date of filing:	(optional)
		to indice final 34 days after ming.) (003.0207 (3)(0
Dated	April 10 , 2014 .	
	Signature of a member or authori	•
	Moises	85a, M.D.
	Typed or printed	name of signee

Filing Fee: \$25.00