

L12000159218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

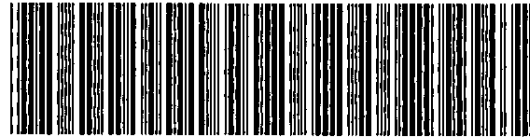
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 APR 15 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 16 2013
EXAMINER



Davis Basta Law Firm, P.A.

31111 U.S. Highway 19 North
Palm Harbor, FL 34684
www.davisbastalaw.com



† Diana Davis Basta, Attorney at Law
Ryan E. Dirks, Attorney at Law
Beejal P. Thakore, Attorney at Law
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April 10, 2013

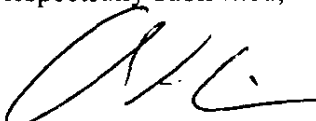
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Unique Medical Services, LLC; Filing - Articles of Amendment

To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Unique Medical Services, LLC. Also enclosed is a check in the amount of \$25.00 for the filing fee. For further information concerning this matter, please call: Diana Davis Basta at (727) 938-2255.

Respectfully submitted,



Adam G. Hill

Enclosures

P.S. Please return all correspondence concerning this matter to the following address: Diana Davis Basta, Davis Basta Law Firm, P.A., 31111 U.S. Hwy 19 North, Palm Harbor, FL 34684.

P.P.S. Please use the following email address for future annual report notification:
barbdoll03@aol.com

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

FILED

13 APR 15 PM 3:25

UNIQUE MEDICAL SERVICES, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 December 20, 2012 and assigned Florida document number L12000159218.

This amendment is submitted to amend the following:

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

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:

2160 Duck Slough Blvd., Suite 103

(Principal office address MUST BE A STREET ADDRESS)

Trinity, FL 34655

Enter new mailing address, if applicable:

2160 Duck Slough Blvd., Suite 103

(Mailing address MAY BE A POST OFFICE BOX)

Trinity, FL 34655

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:

2160 Duck Slough Blvd., Suite 103

Enter Florida street address

Trinity

City

, Florida 34655

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>
MGRM	Barbara Devlin-Robinson	3060 Alt. 19 N, Ste B-4	<input type="checkbox"/> Add
		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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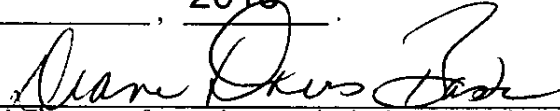
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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13 APR 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated February 28, 2013



Signature of a member or authorized representative of a member

Diana Davis Basta, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00