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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK

DEC 16 2010

EXAMINER

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

PREFERRED PHYSICIANS HEALTHCARE ALLIANCE, L.C.

(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 07/24/1998 and assigned
Florida document number L98000001208.

This amendment is submitted to amend the following:

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

EXPPHA, 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**)

6365 COLLINS AVE. #2503

MIAMI BEACH, FL 33141

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6365 COLLINS AVE. #2503

MIAMI BEACH, FL 33141

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 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

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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	EDWARD CABRERA	6365 COLLINS AVE. #2503 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIANNA NOECKER	6365 COLLINS AVE. #2503 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

Dated _____

Signature of a member or authorized representative of a member

EDWARD CABRERA

Typed or printed name of signer

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