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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CERTIFIED TITLE

Account Number: I20070000045

Phone : (954)966-8888

Fax Number

: (954)966-6259

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACKSON MEDICAL OFFICES, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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

MGR = Manager

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:

MGRM =	Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<sub>ated</sub> Sep	otember 18 2013
	Signature of member or authorized representative of a member
	JEFFREY FEINBERG
	Typed or printed name of signee

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