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W. HARRIS

COVER LETTER

Division of Corporations	
SUBJECT: 5200 BABCOCK LLC NAME CHANGE TO NATIONAL MEDICAL VENTU	.17 <i>6</i>
Name of Limited Liability Company	4
The enclosed Articles of Amendment and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARC PRENNER Name of Person	
NATIONAL MEDICAL VENTURES, LLC	
678 SCARLET DAK CIR \$102	
ALTAMONTE SPRINGS, FC 3270/ City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARC BIZENWER at (407) 592 - 1399 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$\subset} \te	

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

5200 BABCOCK	LLC		_			
5200 BABCOCK (Name of the Limited Liabil	ity Company as it no a Limited Liability C	ompany)	our records.)			
The Articles of Organization for this Limited Liability of Florida document number 4 14 0000 5		ed on <u>4</u>	-10-/	4	and as	signed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability com	pany here:				
NATIONAL MEDICAL VEA	JTURES mited Liability Compa	ny," the designa	ation "LLC" o	r the abbrev	iation "L	tc."
Enter new principal offices address, if applicable:	>_SA	4E <				
(Principal office address MUST BE A STREET ADD	RESS)					
Enter new mailing address, if applicable:	> SA	uc <		AL S	2017 J	
(Mailing address MAY BE A POST OFFICE BOX)				25.77 34.27 27.5		Sisteman.
				72.		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office add Iress here:	iress on our	records,	enter the	name သ	of the nev
Name of New Registered Agent:	> SAM	IE <	<u>, -</u>			
New Registered Office Address:	-	Enter Florida sti	reet address			
			Flori	da		
	City			da	in 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MAMBR = A	Annager \Rightarrow SAM Authorized Member	EC	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Remove
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	7-6-13
cffee	date, if other than the date of filing: $7-6-17$ (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.
reco he S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ed_	7-6-17 2017. Edus Frence
	Edu Frence
	Signature of a member or authorized representative of a member
	EDWARD BREWNER
	EDWARD BRENNER Typed or printed name of signee