

U600170592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

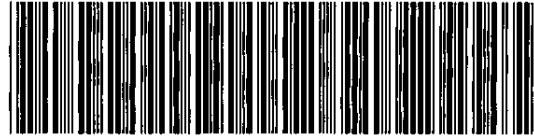
(Business Entity Name)

(Document Number)

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NICOLE J. HUESMANN, P.A.
Attorney at Law

150 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134
Phone (305) 858-0220
Fax (305) 854-6810
njhuesmann@njhlaw.com

September 27, 2016

VIA FED-EX

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Name of LLC: TMS Medical Investment Group, LLC
Document Number: L160000170592
Articles of Amendment**

To whom it may concern:

Please find enclosed the following for the above referenced company:

- Check No. 4895 for the amount of \$30.00 for filing fees and Certificate of Status,
- Original Cover Letter and
- One Original Articles of Amendment with One copy

We request that you provide confirmation of filing of same. Should you require anything further or have any questions, please do not hesitate to contact us.

Very truly yours,


Nicole J. Huesmann

NJH/or
Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMS MEDICAL INVESTMENT GROUP, 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:

NICOLE J. HUESMANN
Name of Person

NICOLE J. HUESMANN, P.A.
Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1200
Address

CORAL GABLES, FL 33134
City/State and Zip Code

NJHUESMANN@NJHLAW.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

NICOLE J. HUESMANN at (305) 858-0220
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

TMS MEDICAL INVESTMENT GROUP, 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 were filed on 09/13/2016 and assigned Florida document number L16000170592.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JABER, TALIB	152 PORGEE ROCK PLACE	<input type="checkbox"/> Add
		JUPITER, FL	<input checked="" type="checkbox"/> Remove
		33458	<input type="checkbox"/> Change
MGR	SYED, MUHAMMAD K	8432 IRONHORSE COURT	<input type="checkbox"/> Add
		WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Remove
		33412	<input type="checkbox"/> Change
MGR	MARTINEZ, HERIBERTO E	160 NW 127 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33182	<input type="checkbox"/> Change
MGR	SYMAGAB HOLDING INC	201 SW 16TH STREET	<input checked="" type="checkbox"/> Add
		OKEECHOBEE, FL	<input type="checkbox"/> Remove
		34974	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 21, 2016

Signature of a member or authorized representative of a member

HERIBERTO E. MARTINEZ

Typed or printed name of signee