

41000010/82

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000203742 3)))



H160002037423ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

16 AUG 17 AM 10:41

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NOSTRUM MEDICAL GROUP MSO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 AUG 17 PM 4:33

SECRET
TALLAHASSEE, FLORIDA

AUG 18 2016

S. YOUNG

ARTICLES OF AMENDMENT H 16000203742
TO
ARTICLES OF ORGANIZATION
OF

NOSTRUM MEDICAL GROUP MSO, 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 09/06/2011 and assigned Florida document number L11000101882

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 "LLC."

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)

16 AUG 17 AM 10:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:

JORGE L. VEGA

New Registered Office Address:

10899 SW 72ND ST, STE 203

Enter Florida street address

MIAMI

City

Florida

33173

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:

H16000203742

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	LAZARD MOREIRA	20920 SW 242ND ST	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE L. VEGA	10899 SW 72ND ST	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		MIAMI, FL 33173	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
AUG 17 2 10:31 PM

H16000203742

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

H16000203742

FILED
STATE OF FLORIDA
16 AUG 17 AM 10:41

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

August 17, 2016

Signature of a member or authorized representative of a member

JORGE L. VEGA

Typed or printed name of signee

H16000203742