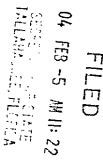
# LU4000004967

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

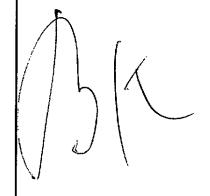




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### EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994

Phone #

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Examiner's Initials

OFFICE USE ONLY

#### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Med COVE (Corporation Name)	TYOUP LLC (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in Pick up	time Certified Copy
Mail out Will wai	it Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Метдет
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Other

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MEDCORE GROUP LLC (Present Name) (A Florida Limited Liability Company)



**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

PLEASE DELETE ORLANDO PASCUAL JR. AS THE REGISTERED AGENT AND AS MANAGER.

PLEASE ADD JUAN MARRERO (MGR)/ REGISTER AGENT 1150 N.W. 72 AVE STE: 450 MIAMI, FL 33126

Dated _	FEBRUARY 04		
		Mund	
	Signature of	f a member or authorized representative of a member	
		JUAN MARRERO	
	···	Typed or printed name of signee	

Filing Fee: \$25.00

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date