Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VITALMD GROUP HOLDING

Account Number : I20090000005 Phone : (305)273-4641 Fax Number : (305)273-0405

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

Email Address: MOYOUYKe @ temwell. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTAPE & LAMBROU, MD, LLC

RECEIVED

NOV 12 AM 8: 05

ECRETARY OF STATE

L'AHASSEE. FLORIDA

 Certificate of Status
 1

 Certified Copy
 1

 Page Count
 05

 Estimated Charge
 \$60.00

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Corporate Filing Menu

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TO: Registration Section
Division of Corporations

SUBJECT: ESTAPE & Lambrou, MD, 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:

Melissa D'Rourke
Name of Person

VitaIMD Group Holding, LLC

Firm/Company

32.25 Aviation Avenue, Suite 700

Address

Miami, FL. 33133

City/State and Zip Code

MOYOURE & Femwell.com

L-mail address: (In he used for future annual report notification)

Por further information concerning this matter, please call:

Melissa O'Rourke

at 305, 273 · 4641

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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

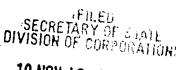
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



10 NOV 12 AM 9:,01

Estape & Lambrou, MD 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 3/11 Florida document number LO400020900 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 end with 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) 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 608, F.S. Or, if this document is heing 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

Page 1 of 2

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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:

| | <u>Name</u> | Address | Type of Action |
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| amen | ding any other information, enter ch | ange(s) here: (Attach additional sheets, if necessary.) | VISION O |
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| | Glenn | mber or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00

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