Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE WILL LAWYER, P.A.

Account Number : I20140000007 Phone ; (850)650-7299

: (850)650-1499 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EMERALD ENTERPRISES, LLC

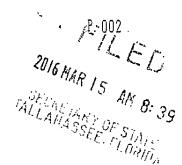
Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Einerald Enterprises, LLC		
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 04/04/2006	and assigned
Florida document number L06000035872	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The Misdiagnosed Life, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our reco	rds, enter the name of the ne
registered agent and/or the new registered office address	s here:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of New Registered Agent:		
No Desistered Office Address.		
New Registered Office Address:	Enter Plarida street add	ress
		Florida
	Clty	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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
	·		□ Remove	
			□ Change	
			□ Add	
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing ones. If the date inserted in this block does not meet the applicable statutory for the date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 Uling requirements, this date will not be listed as
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of
sted March 10, 2016.	

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Filing Fee: \$25.00