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SECRETARY OF STATE
TALLAHASSEE, FI DB.E.

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Ol	LIMED, LLC		
	(Name of I	Limited Liability Company)		
The enclosed Article	es of Amendment and fee(s) are s	ubmitted for filing.		
Please return all corr	espondence concerning this matt	er to the following:		
	ROB	ERTO OLIVO		
	Ol	(Name of Person) _IMED, LLC	•	
		(Firm/Company)		
	3733 S	SOLANA ROAD (Address)		3
	MIAMI,	FLORIDA 33133	SECRETARY OF STATE LLAHASSEE, FLORIDA	
	(Cit	y/State and Zip Code)	RY OF	
For further informati	on concerning this matter, please	call:	STATI LORIU	
ROBE	RTO OLIVO	_{at (} 305 <u>)</u> 446-	-8980 ≯ [™] 🛎	·
·	(Name of Person)	(Area Code & Daytim	e 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 en	
M	AH ING ADDDESS.	CTDCTT/COUDI	cn approc	

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

	OLIMED, LLC		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on FEBRUARY 19, 2007 and assigned document number L07000019188		
SECOND:	This amendment is submitted to amend the following:		
	PLEASE CHANGE THE NAME OF THE COMPANY FROM OLIMED, LLC TO:-		
	MEDICA GROUP, LLC LOCATED AT 3733 SOLANA ROAD, MIAMI, FL 33133.		
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	SEC	2001	
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Dated FE	BRUARY 21 2007		
	J. hts Oliver		
	Signature of a member or authorized representative of a member		
	ROBERTO OLIVO		
	Typed or printed name of signee		

Filing Fee: \$25.00