

05/14/2014 11:10

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CLARA GIRALDO P.A.

Division of Corporations

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LO7000076269

Florida Department of State
Division of Corporations
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Account Name : CLARA GIRALDO, P.A.
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GROUP OF BUSINESS & MEDICAL RECORD LLC**

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CLARA GIRALDO P.A

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May 8, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GROUP OF BUSINESS & MEDICAL RECORD LLC

145 MADEIRA AVE

SUITE 205

CORAL GABLES, FL 33134

SUBJECT: GROUP OF BUSINESS & MEDICAL RECORD LLC

REF: L07000076269

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please indicate the type of action for Oreste Ruiz on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000108035
Letter Number: 514A00009815

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14 MAY 14 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H14 0001080353
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GROUP OF BUSINESS & MEDICAL RECORD 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 07/24/2007 and assigned Florida document number 207000276269.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GROUP OF INVESTMENTS & BUSINESS LLC
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)

3610 OAK AVE
COCONUT GROVE, FL. 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3610 OAK AVE
COCONUT GROVE, FL. 33133

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:

RUIZ, ORESTE
3610 OAK AVE
COCONUT GROVE Florida 33133
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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMER = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROIZ, ORESTE	3610 OAK AVE	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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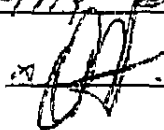
For amendments, enter change(s) here. (Attach additional sheets, if necessary.)

CHANGE ADDRESS: RUIZ, ORESTE
3610 OAK AVE
COCONUT GROVE, FL 33133.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 12 2014.



Signature of a member or authorized representative of a member

ORESTE RUIZ
(typed or printed name of signer)