(Re	questor's Name)	
(Add	dress)	<u>. </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	A. LU	INT

JUN 18 2008

EXAMINER

Office Use Only



400130444544

05/30/08--01029--012 **25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2008

ANDREW HEEMAN 9610 SW 11ST PEMBROKE PINES, FL 33025

SUBJECT: THE GRAND MIRAGE RESORTS, LLC

Ref. Number: L08000034963

SECRETARY OF STATE

We have received your document for THE GRAND MIRAGE RESORTS; LEC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 408A00034484

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: THE GA	Hud Miange (Name of Limit	e Resours, LLC ited Liability Company)	·
The enclosed Articles of Am	.,	_	
Please return all corresponde		HaemAN	
		(Name of Person) (Firm/Company)	TALLUA T
	96	(Address)	TILE SECRETARY O ALLIAHASSEE.
	Rembrone Pi	ve 5 FL . 3302 (City/State and Zip Code)	OF STATE E.FLORIOX
For further information cond		all:	
Andrew Her	Person)	at (954) 839-43 (Area Code & Daytime T	
Enclosed is a check for the f		Fides of Pillar Page	□¢<0.00 F::: F
\$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)
Registration of Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

THE GRAND MIRAGE RESOLTS, 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 4/07/2008 and assigned
riorida document number 2000000 (14)
ARE JUNE 1
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
THE MEDICUIC FINANCIAL GROUP LLC SE
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:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Pembroice Pines, FL. 33025
61 10 541 115
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX] [Mailing address MAY BE A POST OFFICE BOX]
Telegraphic Library Telegraphic Library
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: HNdrew Heeman
Name of New Registered Agent: New Registered Office Address: AND LEMBONICE Pines (Enter Florida street address) (Enter Florida 33025)
(Enter Florida street address)
(City), Florida 33025 (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 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.

Page 1 of 2

<u>Title</u>	<u>Name</u>	Address	Type of Action
MG RM	Shazam H. Amit	16337 NW 20TH STREET REMERCIAL PINES, FL 3300	Add Remove
NGRM	Andrew Heemin	9610 SW 11ST PEMBrone PINES FL. 33023	
			Add Remove
		SECKE TALLAH/	Add Add
		ARY OF SI	D
		DA DA	- Relative
			Add Remove
	hauge Current Comp	e(s) here: (Attach additional sheets, if necessary OGNI NAME TD; FINANCIAL GROUP LLC	·)

Page 2 of 2

Filing Fee: \$25.00