

108000057373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

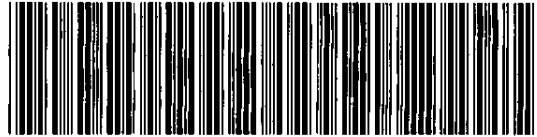
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 29 AM 10:05

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M. THOMAS

JAN 30 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MED'S Investments of Florida LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)
MED'S Investments of Florida LLC
(Firm/Company)
2420 SE Blackhorse Street
(Address)
Port St Lucie, Florida 34984
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elissa L Neilson at **(772) 284-7157**
(Name of Person) (Area Code & Daytime Telephone Number)

*See Attached
Change*

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

MED'S Investments of the Treasure Coast 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 6/10/2008 and assigned Florida document number 208000057373

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 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)

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:

MGR = Manager

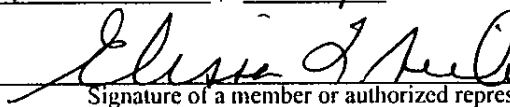
MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|--------------------|---|--|
| MGR | Neilson Elissa L | 2420 SE Blackhorse St Port St Lucie FL 34984 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Hirschler Samuel R | 2420 SE Blackhorse St Port St Lucie FL 34984 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Neilson Douglas | 2420 SE Blackhorse St Port St Lucie FL 34984 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Patrick Minoy | 1655 Alligator Lane Cocoa FL 32926-3473 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Neilson, Elissa L | 2420 SE Blackhorse St Port St Lucie FL 34984 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Jan 24, 2009


Signature of a member or authorized representative of a member

Elissa L. Neilson
Typed or printed name of signer