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SECRETARY OF STATE

COVER LETTER

Division of Corporations			
SUBJECT: Global medical Services & Solutions, LCC (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
michelle Gaudet (Name of Person)			
GMSS (Firm/Company)			
12555 Biscayne Blud #814			
Morth Mami, FC 33/8/ (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (30) 450-816] (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Régistration Section

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

Global medica	al Services	& Solutions, LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>LO 8000673</u>		and assigned
	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Global medical Servi The new name must be distinguishable and end with the work	ces & Solution	s, LLC
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	200
		子がって
Enter and the state of the stat		SS F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20 x w
		77 B AT E
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flor	ida street address)
	(0:-)	, 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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM michelle Gaudet 1770 NE miami Garde MGRM Cocoark marketing 12555 Biscayne Blud Services, L.L.C. ## BIY Remove 33 I Ø 1 🗂 Add Remove ☐ Add Remove □ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 7/28/08. Tuly, 28 2008

Signature of a member of authorized representative of a member

Michelle Gaudet

Typed or printed name of signee

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Filing Fee: \$25.00