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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Medical Inve	estor Services, LLC		
			ited Liability Company	·	
	•				
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			Samuel Todd		
			Name of Person		
Mer			cal Investor Services, LLC		
			Firm/Company		
		1201	Monument Road, Suite 101		
			Address		
		J	acksonville, Fl 32225		
			City/State and Zip Code		
sar			nuel.todd@hotmail.com		
E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please of	call:		
			-4 (
	Name	of Person	at ()Area Code & Daytime 7	elephone Number	
Enclos	ed is a check for t	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 enclosed)	
	MAII	JNG ADDRESS:	STREET/COURIE	2 ADDRESS:	

MAILING ADDRESS:
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

Medica	al Investors Services,	LLC	
• (<u>Name of the Limited L</u> (A F	iability Company as it now app lorida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL080001173		Decmeber 29,2008	_ and assigned
This amendment is submitted to amend the follow	ving:		# 9
A. If amending name, enter the new name of t	he limited <u>liability company l</u>	<u>iere</u> :	題是
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LL	C" of the abbrevia of
Enter new principal offices address, if applicat	ole:		S
(Principal office address MUST BE A STREET	ADDRESS)	****	高州
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ess
		, 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ·	David Muyres	P O Box 2426 Orange Park, FL 32067	Add ✓ Remove
MGR_	William Muyres	1675 Eagle Harbor Parkway Orange Park, FL 32003	☐ Add ☑ Remove
MGR_	Juan Luis-Jorge	4114 Alhambra Drive West Jacksonville, FL 32207	Add ✓ Remove
			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessa	TAM -
	November 17	2009	
	1.2	member or authorized representative of a member Samuel Todd Typed or printed name of signee	
		- Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00