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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration of Division of | on Section Corporations |
|---------------------------------|--|
| SUBJECT: Dh | MANAGEMENT, LLC Name of Limited Liability Company |
| The enclosed Article | es of Amendment and fee(s) are submitted for filing. |
| Please return all cor | respondence concerning this matter to the following: |
| | Lee Glassman ESQ Name of Person |
| | The Glassman Legas Grup |
| | 2200 N. Commorce Parkury, #105 Address |
| | Westory Her 33326 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further informat | ion concerning this matter, please call: |
| hea | ame of Person Area Code Daytime Telephone Number |
| Enclosed is a check | for the following amount: |
| \$25.00 Filing F | ee D\$30.00 Filing Fee & D\$55.00 Filing Fee & D\$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| • | |

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

| (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 08 31 2009 an Florida document number 60900008435. | nd assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: GEMINI MED Son, UC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation of the limited Liability Company, "the designation "LLC" or the abbreviation of the limited liability Company, "the designation of the limited liability Company," the designation of the limited liability Company, "the designation of the limited liability Company," the designation of the limited liability Company here: | on "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 na registered agent and/or the new registered office address here: | ame of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | ···· |
| Enter Florida street address | |
| , Florida | 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited leading of this change. | ar with and document is |

If Changing Registered Agent, Signature of New Registered Agent 7

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBĶ = 7 | AMBR = Authorized Member | | | | | |
|--------------|--------------------------|---------|----------------|--|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | |
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| ., If ame | ending any other information, enter change(s) here: (Attach additional sheets, if necess | ary.) | | |
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| (If an ef Note: | ive date, if other than the date of filing: OF 29 20 6 (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil fithe date inserted in this block does not meet the applicable statutory filing requirements, this denent's effective date on the Department of State's records. | ling.) Pursu late will n | uant to 60 | 5.0207 (3)(1 ted as the |
| the reb) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed. | n, on th | ıe earli | ier of: |
| Dated | 08/01/16 2016. | | | |
| • | | ; | 201 | |
| • | Signature of a member or authorized representative of a member NAS SM Money Scale Money Scale | CRETARY O | # A16 2 | Danson ESSIMAN |
| | Page 3 of 3 | OF STATE | ۳ پ <u>=</u> | Ö |
| | Filing Fee: \$25.00 | - | ·* | |