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B. KOHR
JUN - 8-2010
EXAMINER

SECRETARY OF STALE
STORE OF CORPORATIONS
10. IIIN -4 AM 9. 57

COVER LETTER

Division of Corporations
SUBJECT: Medellon Oxlando West LLC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Perlmon Name of Person
Firm/Company
15100 Quai Rooot Drive
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 7990771 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{S55.00 Filing Fee & 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

MED AT L TON	ORLANDO WEST, LLC	4
	oility Company as it now app	ears on our records.)
(A Flor	ida Limited Liability Company	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
The Articles of Organization for this Limited Liabili Florida document number		ears on our records.) AGN 72, 2010 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company i	nere:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	2	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		n our records, <u>enter the name of the new</u>
Than of New Registered rigett.		
New Registered Office Address:		Enter Florida street address
		Emer Prorida street dadress
		, Florida
	Citv	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>	Address	Type of Action
M <u>GRM</u>	Medallion Companies, LCC	15100 Quail 2005 br micmi, Fr 33187	Add
MGDM	Lake Nona Outdoors, u	e 15100 Queil 2000)	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
			
<u></u>			
Dated	Medallion Companies,		langona Mombo -
	Signature of a member of	r authorized representative of a member Jack Osna	
	i yped or	humon name or signee	

Page 2 of 2

Filing Fee: \$25.00