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Special Instructions to	Filing Officer:	
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Office Use Only



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SEGRETARY OF STATE ALLAHASSEE, FLORIDA 12 HAY 10 PH 2: 82

## **COVER LETTER**

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TO:	Registration Section Division of Corporation	on	in pe	<b>₹</b> ₩	W;		Æ	
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SUBJ	JECT:		Navigator, L			<del></del>		
	_	Name of Limi	ited Liability Comp	pany				
	•		•					
The e	nclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.		÷			
Please	e return all corresponde	ence concerning this matter	to the following:					
			Robert Good	dman				
			Name of Pers	son				
		-	Tandala Klassica A	110				
		F	lorida Navigat Firm/Compa			,		
	•		т ингеонтра	ny				·
			1012 Yarmoi	uth A				
	•		Address					
		De	elray Beach, F					•
		•	City/State and Zip					
	-	F-mail address: (	goodlobby@a to be used for future	ol.com	notification	····		
				annai report	notineation	,		
For fu	orther information conc	erning this matter, please of	call:					
	Pobort	: Goodman	FC1		: 245	7143		
	Name of Pe		at ( <u>561</u>	_) rea Code & Da		hone Number		
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Enclo	sed is a check for the f	ollowing amount:			;			• •
<b>√</b> \$2	25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filin Certified C (additional		osed)	\$60.00 Filir Certificate Certified ( (additiona	of Status Copy	
	Registration Division on P.O. Box 6	f Corporations	R D C 20	TREET/CO egistration So vivision of Co lifton Buildir 661 Executiv allahassee, F	ection orporations ng e Center C			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Florida Navi	igator, LLC			
. ( <u>Name of the Limite</u>	d Liability Compa A Florida Limited I	<b>ny as it now app</b> Liability Company	ears on our records.) /)	· "	
The Articles of Organization for this Limited I		were filed on _	February 9, 2010	and assigned	
Florida document numberL1000001	4814				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company h	<u>iere</u> :	•	
		•			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Com	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		1012 Yarmouth A			
(Principal office address MUST BE A STRE	ET ADDRESS)	Boca Raton, FL 33434			
			•		
Enter new mailing address, if applicable:		1012 Yarm	outh A		
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33434			
•	•	<del></del>		·	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the	e name of the new	
Name of New Registered Agent:	Robert Goo	dman	11	= 1	
New Registered Office Address:	1012 Yarmo	<del> </del>	SR SR Enter Florida street åddfe	255 = 141	
	E	loca Raton	CLORAT LORAT Florida	33434	
•		City	DET A	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

MGR = Mar MGRM = M	nager Ianaging Member		
<u> </u>	<u>Name</u>	Address	Type of Action
MGRM V	PLUS MEDICAL, LLC	4979 West Atlantic Ave Delray Beach, FL 33445	Add  ✓ Remove
		•	Add
			Remove
<del></del>	<del></del>		Add Remove
·			Add Remove
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. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	ssary.)
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	May 7	2012	
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Page 2 of 2

Filing Fee: \$25.00