## 10000025643

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**EXAMINER** 



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## . COVER LETTER

TO: Registration S Division of Co	Section orporations	*			
SUBJECT:	Medco A	Acquisition, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	pondence concerning this matter	r to the following:	•		
	Alfredo D. Xiques				
		Name of Person	<del></del>		
Eduardo Jose Garcia, P.A.					
		Firm/Company			
	2950 8	SW 27th Avenue, Suite 300			
		Address	•		
Mlami, Florida 33133					
	City/State and Zip Code				
	E-mail address: (	axiques@rptgfla.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please	pail:			
Alf	redo D. Xiques		358-4800		
Name	of Person	Area Code & Daytime	: Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &  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

Medco Acqu	iisition, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on March 8, 2010 an				
Florida document numberL10000025643				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company here:			
IBT Med	·			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "	<del></del> 1 .		
Enter new principal offices address, if applicable:	2705 NW 109 Avenue	7 10 C		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33172			
	14			
		Ma R III		
Enter new mailing address, if applicable:	2705 NW 109 Avenue	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33172			
		<b>*</b>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new		
Name of New Registered Agent:	1			
New Registered Office Address:	·			
	Enter Florida street ad	dress		
	, 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 Type of Action Title . Name | <u>Address</u> MGR Daniel Toledano 1200 Brickell Avenue, Suite 1700 ☑ Add Remove Miami, Florida 33131 Niurka Jordan **MGR** 2705 NW 109 Avenue **✓** Add Remove Miami, Florida 33172 ☐ Add Remove Add 🔲 Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 28 Dated Signature of a member or authorized representative of a member E. David Bensadon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00