

L10000051191 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

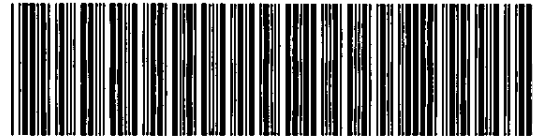
(Business Entity Name)

(Document Number)

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2014 JAN 10 PM 1:15
FALL APASSI STATE OFFICE

B. BOSTICK
JAN 15 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Change of LLC members
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:

Natalija Backs
Name of Person
MB Medici LLC
Firm/Company
1850 S Ocean Dr # 1206
Address
Hallandale Beach FL 33009
City/State and Zip Code
natasha1mtg@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalija Backs at (914) 662-5044
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)
- \$60.00 Filing Fee, 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

2014 JAN 10 PM 1:15
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MB Medica LLC

(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 05/12/2010 and assigned Florida document number 210000051191

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MB Medica LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1850 S Ocean Dr # 1206
Hallandale Beach
FL 33009

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Natalie Beck

New Registered Office Address:

1850 S Ocean Dr # 1206

Enter Florida street address

Hallandale Beach

, Florida

33009

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Natalie Bado	1850 S Ocean dr #1206	<input type="checkbox"/> Add
	50%	Hallandale Beach	<input type="checkbox"/> Remove
	Remain same	FL 33009	
MGR	Milans Bado	1850 S Ocean dr #1206	<input type="checkbox"/> Add
		Hallandale Beach FL	<input checked="" type="checkbox"/> Remove
		33009	
MGR	Dean Giovannello	1850 S Ocean dr #1206	<input checked="" type="checkbox"/> Add
	50%	Hallandale Beach	<input type="checkbox"/> Remove
		FL 33009	<input type="checkbox"/> Add
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 01/09/1914, _____

Signature of a member or authorized representative of a member
Natalie Backs

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FILING SERVICE