L10000072297

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SECRETARY OF STATE
ALLAHASSEE, FLORIO.

J. BRYAN

SEP 2 0 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	··· · · · · · · · · · · · · · · · · ·	ni Medical Group, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		William Ryan Walker	<u> </u>
		Name of Person	SEP SEP
		Firm/Company	ASSEE PH
550 Michigan Ave		SEP 19 PH 1: 16 SECRETARY OF STATE SECRETARY OF FLORING	
	N	liami Beach, FL 33139	
		City/State and Zip Code	
	E-mail address: (alker@midtownmc.com to be used for future annual report notifice	ation)
For further information	concerning this matter, please of	call:	
	am Ryan Walker		02-2781
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)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midtown M	iami Medial Group, I	LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)		
(· · · · · · · · · · · · · · · · · · ·			
The Articles of Organization for this Limited Liability	Company were filed on	7/9/2010	and assigned	
Florida document numberL10000072297				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>:e</u> :		
			, <u></u> ,	
The new name must be distinguishable and end with the w	ords "Limited Liability Compa	my," the designation "	Ten the abbreviation	
"L.L.C."			THE THE PLANT	
Enter new principal offices address, if applicable:			記るの	
(Principal office address MUST BE A STREET ADD	RESS)		A 3	
			70	
			32 0	
Enter new mailing address, if applicable:			50	
(Mailing address MAY BE A POST OFFICE BOX)				
				
	-			
B. If amending the registered agent and/or regi		our records, enter	the name of the new	
registered agent and/or the new registered office ad	dress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pres	William Ryan Walker	550 Michigan Ave Miami Beach, FL 33139	Add Remove
<u>CFO</u>	Konstantin Verdel	3800 North Miami Ave Miami, FL 33127	Add Remove
			Add Remove
			Addo Remove
.			Addon Regione
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necess	ary.)
_ _ 	11-111		
Dated		mber or authorized representative of a member	
	William Rugo Walker	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00