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COVER LETTER

Division of Co					
SUBJECT:	PHYS	SWIRE, LLC			
3000ECT.		ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	-		
Please return all corresp	ondence concerning this matter	to the following:	,		
		Anthony Inglese			
		Name of Person			
		PHYSWIRE, LLC			
		Firm/Company			
	15275 Co	llier Blvd, Suite 201, PMB 31	18		
		Address			
		Naples FL 34119	· · · · · · · · · · · · · · · · · · ·		
		City/State and Zip Code	•		
	E-mail address: (1	NGLESE1@yahoo.com o be used for future annual report notifica	tion)		
For further information	concerning this matter, please of	all:			
An	thony Inglese		96-0974		
Name	of Person	Area Code & Daytime	Celephone 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)		
	JING ADDRESS:	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE, LLC			
ny as it now appear	s on our records.)		
naomiy Company)			
were filed on	08/11/2010	and assi	gned
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City	, riorida	⊃Zip Code	
	ility company here ted Liability Company ice address on or	ility company here: ted Liability Company," the designation " Enter Florida street ada	ility company here: ted Liability Company," the designation "LLC" or the all liability Company, the designation "LLC" or

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 **Address** Title Name MGRM Roland Talanow, MD, PhD 1041 Merrick Drive Add Lexington, KY 40502 Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 2 2012 Dated signature of a member or authorized representative of a member Anthony Inglese Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00