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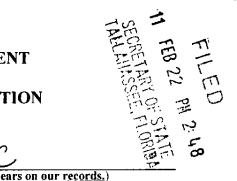
FEB 2.3 2011 EXAMINER

COVER LETTER

TO: Registration So Division of Co			••
SUBJECT: MED	iGAPTODAY LLC Name of Lim	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	SECO F
	GEONGE	IBANEZ	
		Name of Person	ISSE 22 FE
	MEDIGAPI	odny · com	FILED FEB 22 PN 2: 48 FCRETARY OF STATE HANASSEE, FLORIBA
		Firm/Company	
	PO BOX 1	63638	
	niami Fu	Address 33116 - 3638	
		City/State and Zip Code	
	GE ON GE	to be used for future annual report notifica	
	E-mail address:	to be used for future annual report notifica	tion)
For further information of	concerning this matter, please	call:	
GE on GE	1BANEZ	900 0 . 0 .	_
	of Person	at (<u>888)</u> 801 90 9 Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIED	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Hability Company as it now appears on our records.)

The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	•		··
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	71.60 V 16 V
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regressivered agent and/or the new registered office a		our records, <u>enter the</u>	name of the new
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>	Address	Type of Action
M6R_	LAURA IBANEZ	9768 SW 108 TENNACE MIAM; FL 33176	Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.))
_			
	2 - 16 - 11		
Dated	2. 10. 11		
		ber commonized representative of a member	
	GEONGE IBANEZ	ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00