Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002618693)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019 Fax Number

Phone : (305) 552-5973 : (305)220-1440

A A SON **Enter the email address for this business entity to be used for future

ammaa	T Teborc	merrrings.	THILLET	OHLY	0110	CIMTT	5001639	brease.	
				-					777
Email	Address:								
						···			= =
									\sim

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAYMEADOWS INJURY CENTER, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

NOV - 3 2011

Electronic Filing Menu

Corporate Filing Menu

HeXAMINER

H11000261869

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	neadows Injury Center, L Liability Company as it now adoca Plorida Limized Liability Company	rs on our records.)					
V	Triotida Cumied Liability Company)						
The Articles of Organization for this Limited L	iability Company were filed on	01/03/2011	and assigned				
Florida document numberL1100000	0558						
This amendment is submitted to amend the following	lowing:		•				
A. If amending name, enter the new name of	of the limited liability commons he	Te:	SE SE				
, , , , , , , , , , , , , , , , , , ,	All Militar Investor of the burth the	 -	SE Z				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "I	S2 ~ > 3				
Enter new principal offices address, if appli	cahle:		MG 🔭				
(Principal office address MUST BE A STRE		15.7 9 2					
			SH W				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	BOX)						
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, <u>enter</u> :	he name of the new				
New Registered Office Address: 9471 Baymeadows Road Suite #306							
	Enter Florida street address						
	Jacksonville	, Florida	32256				
	City		Zip Code				
New Registered Agent's Signature, if changing	Registered Agent:						
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as rej being filed to merely reflect a change in the	proper and complete performance sistered agent as provided for in C	e of my duties, and I Chapter 608, F.S. Or,	am familiar with and if this document is				

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

H11000261869

MGR = Manager

H11000261869

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:

MGRM = Managing Member Title Name Address Type of Action MGRM Carlos Rivera 9471 Baymeadows Road Suite #306 Jacksonville, FL 32256 ☐ Add MGRM Carlos Eduardo Garcia ☑ Add □ Remove 9471 Baymeadows Road Suite #306 Jacksonville FL 32256 ALEJANDRO GONZALEZ MGR ☐ Add **™**Kemove Add Remove Spore S Remove A တ္ဆ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary October 31 Dated_ of Amember or authorized representative of a member Signature Alejandro Gonzalez yped or printed name of signee

> Page 2 of 2 Filing Fee: \$25.00

H11000261869