

05/31/2029 00:2

L11000047873

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000185280 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUL 21 2011

From:

Account Name : LAZARUS CORPORATE FILING SERVICES, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERNATIONAL MEDICAL CENTER GROUP LLC**

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

RECEIVED
11 JUL 20 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUL 20 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 1 0 0 0 1 8 5 2 8 0
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

International Medical Center Group 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 4/21/11 and assigned
 Florida document number L11000047873.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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 TALLAHASSEE, FLORIDA

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:

Gloria I Gomez

New Registered Office Address:

7445 SW 153 PL apt 204

Enter Florida street address

Miami, FL Florida 33193

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

H 1 1 0 0 0 1 8 5 2 8 0

H11000185280

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>	<u>Type of Action</u>
MGRM	Maikel Chamizo Gomez	7445 SW 153 PL unit 204 Miami FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gloria Isabel Gomez	7445 SW 153 PL unit 204 Miami FL 33193	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 20th, 2011

 Signature of a member or authorized representative of a member

Maikel Chamizo Gomez

 Typed or printed name of signee

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Filing Fee: \$25.00

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