L11000059263

(Requestor's Name)					
(Add	dress)				
(Add	dress)				
(City	//State/Zip/Phon	e #)			
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(Document Number)					
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. COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Medhunt Medical	Executive Search	ı, LLC		
	Name of Limit	d Liability Company		_	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	endence concerning this matter t	o the following:			
		velyn Bailey-Hunter			
		Name of Person			
	Medhunt M	edical Executive Sea	arch, LLC		
Firm/Company					
	4891	Blackwood Forest D	rive		
Address					
	Jac.	cksonville, FL 32257	7		
		City/State and Zip Code		_	
	ehunter@medhuntexec.com				
	•	be used for future annual rep	ort notification)		
For further information co	oncerning this matter, please ca	11:			
Evelyr	n Bailey-Hunter	at (904)	619-1299		
Name o	f Person		Daytime Telephone Num	ber	
Enclosed is a check for th	e following amount:				
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi nclosed) Certifi	Filing Fee. icate of Status & ied Copy ional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT

FILED

ARTICLES OF ORGANIZATION 12 FEB 17 PH 12: 49

£ 12:

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA Medhunt Medical Executive Search, LLC

A)	i Florida Limiled Liability Company)			
The Articles of Organization for this Limited L. Florida document number L11000058		3/19/2011	and assigned	
This amendment is submitted to amend the folio. A. If amending name, enter the new name of	•	<u> </u>		
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compa	ny," the designation "I.	LC" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, enter t	he name of the new	
Name of New Registered Agent:	Evelyn Bailey-Hunter			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing I	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.

Page 1 of 2

tered Agent, Signaturp of New Registered Agent

If amonfing the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGRM	STEVEN K HUNTER	4891 Blackwood Forest Drive	
		Jacksonville, FL 32257	✓ Remove
MGRM_	EVELYN BAILEY-HUNTES	4891 Blackwood Forest Drive Jacksonviile, FL 32257	✓ Add Remove
			Remove
			T
			•••
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			FILED FEB 17 PH 12: \$9 JKETANY OF STAJIE LAHASSEF FLORING
Dated	January 1 , 20	012 .	
	Signature of a mamba	or authorized representative of a member	
		VEN KYLE HUNTER	
		d or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00