L110000079892

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	JLTING GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	TIS MANAGEMENT LLO	3	
		Firm/Company	
	4000 HOLLYWOOD BLV	/D, SUITE 140N	
		Address	
	HOLLYWOOD, FL, 3302		
	admin@finkarealty.com	City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Christian Finkelberg		305 816-6103	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co	rporations
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FC CONSHIETING GROUP LLC

(A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fitherida document number $\frac{L11000079892}{L11000079892}$.	iled on 07/12/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
MEDIGUIDE LATIN AMERICA LLC	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
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)	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	:
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the new registe

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□Change

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If an el Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	e 90th day after the record is filed.
	e 90th day after the record is filed.
The	e 90th day after the record is filed.