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ANT ANASSEE, FLORIDA

KSALY EXMINER 2012

## **COVER LETTER**

10:	Division of Co			
SUBJE	CT:	MB Medica	l Management LLC	
		Name of Lim	ited Liability Company	
		2		
The end	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please 1	eturn all corresp	pondence concerning this matte	r to the following:	
			Georgina G Dumenigo	
			Name of Person	
			بالروطوسي بالمنطوريان بالماح	
			Firm/Company	<del>, , , , , , , , , , , , , , , , , , , </del>
			PO Box 398750	
			Address	
		M	iami Beach, Fl 33239	
			City/State and Zip Code	
		gdı	umenigo@bellsouth.net to be used for future annual report notifica	
		E-mail address: (	to be used for future annual report notifica	tion)
For furt	her information	concerning this matter, please	call:	
		rgina Dumenigo	at \	92-0062
	Name	of Person	Area Code & Daytime	elephone Number
Enclose	d is a check for	the following amount:		
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 TO ARTICLES OF ORGANIZATION OF

FILED;
12 JAN 18 AM 11: 34
SECRETARY OF STATE

MB Medi	cal Management L	LC FAL	AHASSEE, FLORIDA
(Name of the Limited Liabili (A Florida	ty Company as it now appea Limited Liability Company	ars on our records.)	, CORIDA
The Articles of Organization for this Limited Liability	Company were filed on	January 6, 2012	and assigned
Florida document number G1200002304	<sup>#</sup> L120000031	59	
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
GD International Market	ting and Management	Services, LLC	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			** ** ********************************
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			701. V. L.
	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>	Name	<u>Address</u>	Type of Action	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	· —-	
_				
_			<del></del>	
Dated	Glorgine &	J Dunerigo		
	Signature of a member  PROPERINA  Typed	r or authorized representative of a member  O DUMEN 30  or printed name of signee	<u> </u>	

Page 2 of 2

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