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Account Number : 076077001702

Phone Fax Number : (407)841-1200 : (407)423-1831

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DEAN MEAD ORLANDO (((H120000647603)))

☑ 002

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	edic Clinic	LLC		<u> </u>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe bility Company)	ar <u>s on our recor</u>	ds.)	_ ,
' <u> </u>				2812
The Articles of Organization for this Limited Liability Company w	ere filed on	February 2,	2012 : Cand	accigned
Florida document numberL12000015548			IAS	70
•			SEX	2
This amendment is submitted to amend the following:			C	
A. If amending name, enter the new name of the limited liabili	ty company he	ere:		
			All the service of th	(A)
The new name must be distinguishable and end with the words "Limited"L.L.C."	Liability Comp	any," the design	ation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		·		
				,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				· · ·
				•
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on	our records, 1	enter the nam	e of the new
				!
Name of New Hegistered Agent:				
New Registered Office Address:				·
- · · · · · · · · · · · · · · · · · · ·	Ē	nter Florida str	eet address	
<u></u>		, Flor		
	City		Žip C	ode
New Registered Agent's Signature, if changing Registered Agent:				•
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac	e performance ovided for in C	e of my duties, c Chapter 608, F.	and I am famili S. Or, if this do	iar with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

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| | .

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 = Mar MGRM = M	nager lanaging Member		!
<u>Title</u>	Name	Address	Type of Action
MGRM	John VV. McCutchen, M.D.	1285 Orange Avenue Winter Park, FL 32789	Add Remove
<u>MGR</u>	John W. McCutchen, M.D.	1285 Orange Avenue Winter Park El 32789	✓ Add : □ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necess	2012 HAR 12 SEGRETARY C ALLAHASSEE
			TO BE DE
Dated	2/23	0/0-	
Ü	John W. N	per or authorized representative of a member McCutchen, M.D., Manager ed or printed name of signee	

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