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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 30 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MED GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZIAUR RAHMAN

Name of Person

MED GROUP, LLC

Firm/Company

658 TURKEY CREEK

Address

ALACHUA, FL 32615

City/State and Zip Code

info.geohub@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZIAUR RAHMAN

Name of Person

at (352) 222 - 7560

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

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SUBMITTED TO FILE
TALLAHASSEE, FLORIDA

MED GROUP, LLC

GRZ GLOBAL, LLC

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>
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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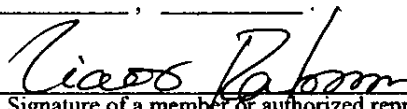
JUL 29 2014
TALLAHASSEE, FLORIDA

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

ARTICLE III : PURPOSE OF LLC IS :

CONSULTING AND RECRUITMENT AGENT

Dated AUGUST 25, 2013



Signature of a member or authorized representative of a member

ZIAUR RAHMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA