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B. BOSTICK

AUG 3 0 2013

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	MED GROUP,	LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	ZIAU	R RAHMAN	
		Name of Person	
	M	IED GROUP, LLC	
	*	Firm/Company	
	658 TUR	KEY CREEK	
		Address	
	ALACHU	A, FL 32615	
	•	City/State and Zip Code	1 2
	info. 9	eohub @ gmail. co	m E S
			a) NHV
For further information	concerning this matter, please ca	ill:	2013 AUG 29 TALL AHASSE
ZIAUR	RAHMAN	at (352) 2-22 - 75 Area Code & Daytime Tele	60 TO
Name	e of Person	Area Code & Daytime Tele	cphone Number
Enclosed is a check for	r 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEO GROUP,		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record: liability Company)	5.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>02/22/12</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GRZ GLOBAL ,	LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	2013 AUS
(Principal office address MUST BE A STREET ADDRESS)		AR E
	<u> </u>	252. 25
Enter new mailing address, if applicable:	N/A	EC. PM
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ster the name of the new
Name of New Registered Agent:	4/4	
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	la
	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 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>		Type of Action
	rl /A	N/A	Add
			Remove
			Remove
		F.	Add
		LAHASSE	Add Remove.
			Add
			Kellove
			Add
			Remove
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ARTICLE III : PURPOSE OF LLC 15:
	CONSULTING AND RECRUITMENT AGENT
ated	AUGUST 25 2013
	Ciapo Tolom
	Signature of a member of authorized representative of a member 2/AUR RAHMAN
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00