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TO: Registration Se Division of Cor		· · ·	
SUBJECT:	ntazo Medic	GroupLLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	Artur Pi	Name of Person	
	AP EQUI		<del></del>
	8/03 Caw	S CT Address	
	Middle V	City State and Zip Code	1
	Christing a	o be used for future annual report notif	<u>retwork</u> , com
For further information c	oncerning this matter, please ca	ill:	
Artur T	Property of the son	at (929) 428-6 Area Code Daytime	4117 Telephone Number
Enclosed is a check for the	ne following amount:		Xâ
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	etion
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	•

Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

Cantozo Medio Gr	rouplic
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Lability Company) = 3   1   1   4   7
The Articles of Organization for this Limited Liability Company Florida document number	were filed on O4 05 2012 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:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6530 Collins Avenue
(Principal office address MUST BE A STREET ADDRESS)	Momi Beach FL 33141
Enter new mailing address, if applicable:	9305 37th Avenue Unit 1C
(Mailing address MAY BE A POST OFFICE BOX)	Sche ZA Jackson Heights Ny 11372
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	3
Name of New Registered Agent: $\triangle \mathcal{P}$	Equities LLC
New Registered Office Address: 6536	Enter Florida street address
_ <u> Miom</u>	is Beach Florida 3314
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 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

MGR = Manager AMBR = Authorized Member Type of Action Title Name **Address** Artur Pinkhasov HGR 8103 Cowles CT Middle Village Dado NY 11379 Kafael Colon 32-23 90+5+18 upt30 DAdd Jackson Heghts 14 1872 Premove MGR Sontago Habato JR 191 agnation AVR DAD Floal Park, Ny 11001 Bremove \_\_\_\_ Change MGR Estrella pang 7135 COllins Avenue DAdd Micmi Blach FL 33141 DREMOVE \_\_\_\_\_ □Change MGR LUISG Melendez 191 Carnation Avenue DADD Floral RAK 1U4 11001 DREMOVE

fective date, if other than the date of filing:  OB 125 120 (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  Out: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  Significate of a member of authorized representative of a member.		
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Signature of a member or authorized representative of a member	ted	, pr
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Filing Fee: \$25.00