

DEC/04/2013/WED 04:22 PM

11/27/13

L12000060324

001/004

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000261961 3)))



H13000261961 3ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI RESEARCH INSTITUTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC/04/2013/WED 04:22 PM

FAX No.

FILED P. 002/004
2013 DEC -4 AM 8: 02

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami Research Institute, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/04/2012 and assigned
Florida document number L12000060324.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7231 SW 64 Court

Miami FL 33143

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Eduardo Badell

New Registered Office Address: 1647 SW 27 Ave

Enter Florida street address

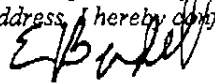
Miami, Florida 33145

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Vilo Entertainment Inc	7720 Byron Ave	<input type="checkbox"/> Add
		Miami Beach FL 3141	<input checked="" type="checkbox"/> Remove
mgrm	Matrix Medical Management Inc	4471 SW 71 Ave	<input type="checkbox"/> Add
		Miami Fl 33155	<input checked="" type="checkbox"/> Remove
mgrm	Marquez Caveda Corp	12010 SW 185 Street	<input type="checkbox"/> Add
		Miami Fl 33177	<input checked="" type="checkbox"/> Remove
MGR	Eduardo Badell	7231 SW 64 Court	<input checked="" type="checkbox"/> Add
		Miami Fl 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

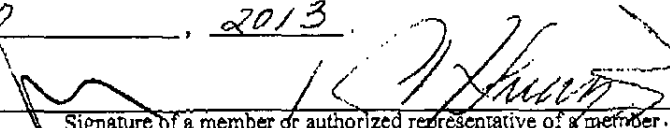
DEC/04/2013/WED 04:22 PM

FAX No.

P. 004/004

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

Dated Nov 20, 2013.



Signature of a member or authorized representative of member.
Jose M Diaz. (Vlo Entertainment Inc) / Juan Luis Matos. (Matrix Medical Management, Inc)

Typed or printed name of signer

Page 3 of 3

FILED
2013 DEC -4 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA