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To: Oiv Fax	vision of Corporations (Number : (850)617-6383	一年 8: 55 日 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Acq Pho Fax	count Name : EMPIRE CORPORATE KIT COMPANY count Number : 072450003255 one : (305)634-3694 c Number : (305)633-9696	12 AUG SECRET TALLAH?	Z Z Z
*Enter the email ac annual report : Email Address:	dress for this business entity to be used for fundational mailings. Enter only one email address please.**	THE T	CEVED

PEDEM, PLLC

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Corporate Filing Menu

Help

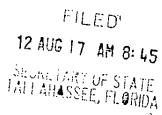
K. SALY EXAMINER AUG 20 2012

COVER LETTER

10:	Division of Con					
SUBJE	rcT.	PED	EM, PLLC			
SUBJE			ed Liability Company			
		Amendment and fee(s) are sub				
	•	•	-			
	MAX A. ADAMS Name of Person					
	THE MEDILAW FIRM					
Firm/Company						
325 ALMERIA AVENUE						
		COR	AL GABLES, FL. 33134			
			City/State and Zip Code			
		E-mail address; (1	e@themedilawfirm.com to be used for future annual report not	ification)		
For fu	ther information o	oncerning this matter, please c	all:			
	Ar Name of	gela Perez Ferson	at (305) Area Code & Dayti	444-3484 me Telephona Number		
Enclos	sed is a check for th	e following amount:				
∑32 3	5.00 Filing Fee	S30.00 Filing Pec & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS: Registration Section		Registration Sec			
	P.O. Bo	n of Corporations ox 6327 issee, FL 32314	Division of Corp Clifton Building 2661 Executive			

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PEDEM, PLLC. (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 on06/26/2012 and assigned						
Florida document number L12000062081						
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:						
W. W smedamB named enter the new traine of the interior manners combined for 6.						
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
The American Street Physics March 19.						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
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:						
Nam Danistanad Office Address						
New Registered Office Address: Enter Florida street address						
, Florida						
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

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Type of Action

If amending the Managers or Managing Members on our records, onter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Address</u>

MGR = Manager
MGRM = Managing Member

<u>Title</u> Name

MGRM	L ANTONIO TAVAREZ MD	5975 SUNSET DR STE 402 S MIAMI, EL 33143	Add _☑ Remove						
<u>MGRM</u>	MEURICE JEAN-PIERRE	5975 SUNSET DR STE 402 S MIAMI, FL 33143	Add Remove						
MGRM_	TAVAREZ EM LLC	5975 SUNSET DR STE 402 S MIAML FL 33143	Add Remove						
<u>MGRM</u>	JP PEDIATRIC EMERGENCY	5975 SUNSET DR STE 402 S MIAMI, FL 33143	Add Remove						
			Add Remove						
			Add Remove						
D. If amendi	ng any other information, enter change(s	s) here: (Attach udditional sheets, if necessary.)	- -						
			_						
-			-						
Dated		**************************************							
_	- malele	don							
Signature of a member or authorized representative of a member MAX A. ADAMS, ESQ.									
Typed or printed name of signee									
		15 0 05							

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Filing Fee: \$25.00