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Florida Department of State
Division of Corporations
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(((H13000131210 3)))



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

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407) 425-1020
Fax Number : (407) 839-3635

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

Email Address: BYRONGIDDENS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NUROSTAR, LLC

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DIVISION OF CORPORATIONS

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Help

JUN 11 2013

T. HAMPTON

Jun 10 2013 04:24pm

P002/005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUROSTAR, 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:

Christopher W. Hayes, Esq.

Name of Person

Killgore Pearlman

Firm/Company

P.O. Box 1913

Address

Orlando, FL 32802

City/State and Zip Code

chayes@kpsos.com

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

For further information concerning this matter, please call:

Christopher W. Hayes

Name of Person

at 407 425-1020

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

Fax Audit No. H13000131210 3

Jun 10 2013 04:24pm

P003/005

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NUROSTAR, 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 06/28/2012

Florida document number L12000085365

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DIVISION OF CORPORATIONS
JUN 10 AM 7:50

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)

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:

New Registered Office Address:

703-705 EXECUTIVE DRIVE

Enter Florida street address

WINTER PARK

City

Florida 32789

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.

Byron D. Giddens

If Changing Registered Agent, Signature of New Registered Agent

Jun 10 2013 04:25pm

P004/005

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	SERGEY BUSHNEV	1465 GENE STREET SUITE	<input type="checkbox"/> Add
		SUITE B	<input checked="" type="checkbox"/> Remove
		WINTER PARK, FL 32789	
MGRM	International Healthcare Consultants LLC	1052 MONTGOMERY ROAD #1045	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS FL, 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

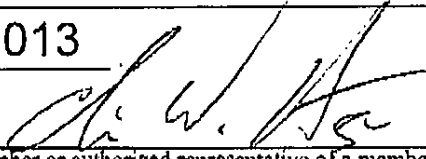
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Jun 10 2013 04:25pm

P005/005

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

Dated June 10, 2013



Signature of a member or authorized representative of a member

Christopher W. Hayes, Esq., Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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