| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| · | | | | |
| A. LUNT | | | | |
| DEC 9 1 2012 | | | | |

EXAMINER

Office Use Only



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LAW OFFICES

DiFalco & Fernandez, LLLP

www.DiFalcoFernandez.com

845 Third Avenue 6th Floor New York, New York 10022

777 Brickell Avenue Suite 630 Miami, FL 33131

Main Telephone +1 (212) 734.3330

Direct Telephone +1 (212) 734.3443 Facsimile +1 (866) 734.4331

Direct Telephone +1 (305) 569.9600 +1 (866) 569.0666

Christophe L. DiFalco, Esq.* CLD@ DiFalcoFernandez.com

COVER LETTER

December 4, 2012

To: Registration Section Division of Corporations

Subject: Medula Network, LLC

Please return all correspondence concerning this matter to the following:

Christophe L. DiFalco DiFalco & Fernandez, LLLP 777 Brickell Avenue - Suite 630 Miami, FL 33131 cld@difalcofernandez.com

For further information concerning this matter, please call:

Christophe L. DiFalco at (305) 569-9800

^{*} admitted to Practice in New York and Connecticut

COVER LETTER

TO:

Registration Section
Division of Corporations

SURIECT:

Medula Network, 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:

Christophe L. DiFalco

Name of Person

DiFalco & Fernandez, LLLP

Firm/Company

777 Brickell Avenue - Suite 630

Address

Miami, FL 33131

City/State and Zip Code

cld@difalcofernandez.com

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

For further information concerning this matter, please call:

Christophe L. DiFalco

at (305) 569-9800

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Medula Network, LLC | ay as it now appears on our record | <u> </u> | | |
|--|------------------------------------|--|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | Liability Company) | <u>s.</u>) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L12000099060</u> . | were filed on August 1 2012 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | oility company here: | 2512 | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 3900 NW 79 Avenue, Su | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33166 | RA C | | |
| | | THE CONTRACT OF THE CONTRACT O | | |
| Enter new mailing address, if applicable: | 3900 NW 79 Avenue, Su | ite #634 & 636 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33166 | | | |
| | | - | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | nter the name of the new | | |
| Name of New Registered Agent: | · | | | |
| New Registered Office Address: | Enter Florida stre | et 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

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | | Type of Action |
|--------------|---------------|--|----------------|
| CEO | Vicente Jubes | 3900 NW 79 Avenue, Suite #634 & 636 | Add Add |
| | | Miami, FL 33166 | Remove |
| | • | | _ |
| | · | | _ Add |
| | | | Remove |
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| f amending any other information, enter change(s) here: (At | ttach additional sheets, if necessary.) | |
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| | · · · · · · · · · · · · · · · · · · · | |
| · | | |
| | | |
| d December 4, 20/2 | | |
| Signature of a member or authorized Christophe L. DiFalco | replesentative of a member | |
| Typed or printed nam | | |
| Page 3 of | 3 | |
| Filing Fee: \$ | 5 | |
| | PM C | |
| | . REPORT | ٠., |

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