From: TAVARES LAW 11/13/2015

Fax: (407) 901-7556

Fav: +1 (850) 617-6383

Page 1 of 4 11/13/2015 4:51 PM

Division of Corporations

## Florida Department of

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.

(((H15000272107 3)))



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

: TAVARES LAW PA

Account Number : I20150000095

Phone

: (407)901-7556

Fax Number

: (407)901-7558

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

Email Address: Magrotalo2020 Chotna

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGX MEDICAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

101 1 6 2015 J. HARRIS

Electronic Filing Menu Corporate Filing Menu

Help

From: TAVARES LAW

Fax: (407) 901-7656

To:

Fax: +1 (850) 617-6383

Page 2 of 4 11/13/2015 4:51 PM

HISOW 272107 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	MGX MEDICAL LLC	
Florida document number 1.12000101835  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 contain the words "Limited Liability Company," the designation "LLC" or the abhreviation "LLC".  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:  Enter Florida	(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviational LLC."  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 nevergistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	The Articles of Organization for this Limited Liability Company were filed on	08/08/2012 and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the aphreviation LLC."  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:  Enter Florida street address	Florida document number 1.12000101835	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the aphreviation. LLC."  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:  Enter Florida street address	This amendment is submitted to amend the following:	
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:  Enter Florida street address  Enter Florida street address  Zip Code	A. If amending name, enter the new name of the limited liability company	y here:
Enter new principal office 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:  Enter Florida street address  Enter Florida	The new name must be distinguishable and contain the words "Limited Liability Company," t	
(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:  Enter Florida street address  Enter Florida street address  Zip Code	Enter new principal offices address, if applicable:	
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 neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code		EASTERNA EASTERNA
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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		ξ
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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Zip Code	Enter new mailing address if applicable	y <del></del> , , esta
B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		96.0
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code	[Mauring address MAT BE AT 037 OF FICE BOX]	
New Registered Office Address:  Enter Florida street address  , Florida  City Zip Code	registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Enter Florida street address	Name of New Registered Agent:	
City Zip Code		lorida street address
	City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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

Fax: (407) 901-7556

n: TAVARES LAW Fax: (407) 901-7556 To: Fax: +1 (850) 617-6383 Page 3 of 4 11/13/2015 4:51 PM 1/3 UND 2/12 UND 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIO GIL Z GAROFALO	6220 S Orange Blossom Trl	Add
		Stc. 600	<b>₽</b> Remove
		Orlando, FL 32809	
MGR	Mario Garofalo, as trustee	6220 S Orange Blossom Trl	<b>≅</b> Add
	Mario Garofalo, as trustee of the Garofalo Trust of 2015	Ste. 600	□ Remove
		Orlando, FL 32809	Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove  Change
			S D Add
			Remove Change
			☐ Change
			□ Remove
			□ Change

	f amending	g any other it	nformation,	enter change	(s) here: (Attac	ch additional si	neets, if necess	5000272/07 ary.)
ffective date, if other than the date of filing:								
ffective date, if other than the date of filing:				<u> </u>				
Rective date, if other than the date of filing:								
Tective date, if other than the date of filing:  (optional)  (opti		· · · · · · · · · · · · · · · · · · ·			·			······································
Tective date, if other than the date of filing:								
Rective date, if other than the date of filing:						<del></del>		
fective date, if other than the date of filing:  In effective date, if other than the date of filing:  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 605.0 to:  If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed current's effective date on the Department of State's records.  The goal of a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier file 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee							,	
fective date, if other than the date of filing:	<del></del>	The state of the s						
fective date, if other than the date of filing:		<u> </u>						<u></u>
fective date, if other than the date of filing:	***************************************		<u> </u>					
fective date, if other than the date of filing:		- <del></del>			<u> </u>		<del></del>	
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee	<del></del>							
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee								
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee								<del></del>
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee								·
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee								
meffective 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 605.0 determined in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee			<del></del>					
an 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 605.0 office:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becament's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee  Pages 3 of 3								<del></del>
Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee	in effective da ote: If the di- cument's ef	ate is listed, the di late inserted in fective date on Decifies a de	late must be spec this block doc- the Departme	ific and cannot be not meet the ant of State's retired	e prior to date of fi applicable statute cords.	ling or more than s ory filing require	00 days after filing ements, this date	;.) Pursuant to 605.0 will not be listed
Signature of a member or authorized representative of a member  MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee								
MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee  Description:  Description:	The 90th o	MBER 12		2015		7		
MARIO GIL ZACCARIAS GAROFALO  Typed or printed name of signee  Description:  Page 3 of 3	The 90th o	MBER 12		, 2015	······································	1/2	3	
Typed or printed name of signee	The 90th o	VBER 12	Signatur		r authorized repres	Collative of a mem	43 ber - 3	
Page 3 of 3	The 90th o			e of a number of	r authorized repres	cnialive of a mem	ber	注: 중 "
Page 2 of 2	The 90th o			e of a member of			:	8
	The 90th o			e of a member of			:	E CAGN