L12000128167

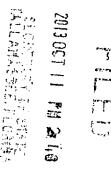
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	G 1062 Name of Limi	al Medical Education, LLC ited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please	return all correspon	ndence concerning this matter	r to the following:	
For fu	rther information co	Joyce Globe 6440 DAUI E-mail address: (to	Name of Person AL Medical Education Firm/Company Sw 42 S1- Address The FL 33314 City/State and Zip Code ETNC1 @ GMAIL. Com/ Joyco 286 to be used for future annual report notification) Comcast. A call:	ve
	\	meening me matter, prease e		
	Jack	·	at (954) 8645/00	
	Name of	Person	Area Code & Daytime Telephone Number	
	sed is a check for th	e following amount: \$\Bigsiz\$ \$\\$30.00 \text{ Filing Fee & Certificate of Status}\$ \$\text{.}\$	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section to of Corporations x 6327 ssee, 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

Global MEDICA	al Education. 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 w Florida document number	vere filed on 10/1/2012 and assigned			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabili	ty company here:			
	2.2			
The new name must be distinguishable and end with the words "Limited "L.L.C."	en e			
Enter new principal offices address, if applicable:	6440 SW 42 St.			
(Principal office address MUST BE A STREET ADDRESS)	Davie FL 33314			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S'AME AS ASOVE ONE SOUTHEAST 3 ADE MIANTI			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new			
Name of New Registered Agent:	alil ABALLI MILNE			
New Registered Office Address: 1 So	Enter Florida street address			
SuiteM	City 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 Title Address Type of Action Name Managing Joyce P. Dorn 6440 SW 42 St.
Wenter Davie FL 33314 Manquaisa Jacinto L. Ayal 1880 NW97 Lue Plan M ton FL 3332L 2260 NE 2 Aug [] Romose MIBM, FL 3313x Remove Add Remove Remove

D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u></u>		
_		
Dated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized representative of a member Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	

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State of Florida Department of State

I certify from the records of this office that GLOBAL MEDICAL EDUCATION, LLC, is a limited liability company organized under the laws of the State of Florida, filed on October 8, 2012, effective October 1, 2012.

The document number of this company is L12000128167.

I further certify that said company has paid all fees due this office through December 31, 2013, that its most recent annual report was filed on April 22, 2013, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-second day of April, 2013

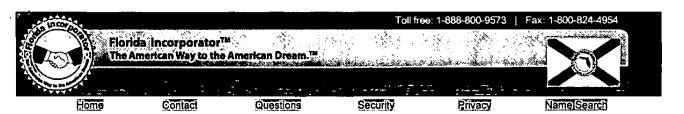


Secretary of State

Authentication ID: CC7017425781

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html



Business Filings

- > Florida Fictitious Name (DBA)
- > Florida Corporation
- > Florida S Corporation
- > Florida Non Profit Corporation
- > Florida Limited Liability Co. (LLC)

Business Certification

- > Certified Copy
- > Certificate of Good Standing

Out of State Corporation / LLC

- > Out of State Corporation
- > Out of State Non Profit
- > Out of State LLC

Business Renewals

- > Fictitious Name (DBA) Renewal
- > Corporation Annual Report
- > Non Profit Annual Report
- > Limited Liability Co. Annual Report

Business Reinstatement

- > Corporation Reinstatement
- > Non Profit Reinstatement
- > LLC Reinstatement

Change Business Names

- > Business Name Change
- > Profit Corporation Name Change
- > Non Profit Name Change
- > LLC Name Change

Change Business Addresses

- > Business Address Change
- > Fictitious Name Address Change
- > Corporate Address Change
- > Limited Liability Co. Address Change

Change Business Officers

- > Corporate Officers Change
- > Non Profit Officers Change
- > LLC Managers Change

Articles of Amendment

- > Profit Articles of Amendment
- > Non Profit Articles of Amendment
- > LLC Articles of Amendment

Other Business Filings

- > Resignation of Officers
- > Dissolution and Withdrawal

Florida Profit Corporation

Print this page for your records.

Please verify the information below for accuracy. Once you submit your order, it cannot be changed, removed, cancelled, or fully refunded.

Invoice Number: FCF-20131006143229

\$170.00	Profit Incorporation service Includes: Florida Department of State Fees Reviewing and preparing of documents Filing with the appropriate governmental agencies Bectronic confirmation sent via email
\$50.00	Expedited Service
\$50.00	Federal Tax ID
\$55.00	Certifled Copy
\$325.00	Total

GloSAL Medical Education, Inc

Next Step: Click Here to Make Secure Payment

After payment confirmation is received, Florida Incorporator will prepare and file your business' document(s) with the Florida Department of State. Your order will be reviewed for completeness by one of our corporate specialists before submission to the State of Florida. In case any information is conflicting, missing, and/or incomplete, you will receive an email requesting its completion. You will have to complete and reply to that email in order to have your document(s) filed.

Once the Florida Department of State has approved your filing, you will receive an email confirmation from Florida Incorporator containing the filing document number, a digital image file of your filing, and any certification requested.

Expedited Service orders are usually completed in 1 to 5 business days (certifications may take longer), while regular services are usually completed in 5 to 10 business days (certifications may take longer), once all your materials are submitted to us and payment confirmation has been received.

Thank you for choosing Florida Incorporator.

Global Medical Education Inc 6440 SW42 St. DAVIE, FL 33314 Joyce P. Darn, President 's