

24/203 05: #626 P 01/0  
**L13000045882**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H14000033927 3)))



H140000339273ABC3

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

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

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OLI MED LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
14 FEB 11 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 FEB 11 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 12 2014

T. BROWN

H14000033927

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OLI MED 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 03/28/2013  
Florida document number L13000045882

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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

H14000033927

**FILED**  
14 FEB 11 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000033027

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBLETO LOPEZ, RANDY ERNERSTO	11046 WEST FLAGLER ST	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
MGRM	RAMIREZ A, CARLOS A	11046 WEST FLAGLER ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33174	<input type="checkbox"/> Remove
MGRM	PURIZAGA DE RAMIREZ, OLGA J	11046 WEST FLAGLER ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33174	<input type="checkbox"/> Remove
MGRM	RAMIREZ PURIZAGA, CYNTHIA S	11046 WEST FLAGLER ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33174	<input type="checkbox"/> Remove
MGRM	RAMIREZ, ISMAEL	11046 WEST FLAGLER ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H14000033027

H140000033927

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 10, 2014



Signature of a member or authorized representative of a member

CARLOS A RAMIREZ A

Typed or printed name of signee

H140000033927