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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sports Medicine Institute International, 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:

James M. Ray

Name of Person

Sports Medicine Institute International, LLC

Firm/Company

17307 Pagonia Drive Suite 100

Address

Clermont, FL 34711

City/State and Zip Code

mnfrostyo@aol.com

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

For further information concerning this matter, please call:

James M Ray

Name of Person

at (352) 989-2480

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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> |
|--------------|---------------------|--------------------|--------------------------------------------|
| MGR | Tracee L Ray | 17301 Pagonia Dr | <input type="checkbox"/> Add |
| | | Ste 230C | <input checked="" type="checkbox"/> Remove |
| | | Clermont FL 34711 | |
| MGR | Kenneth Huffstutler | 17307 Pagonia Dr | <input checked="" type="checkbox"/> Add |
| | | Suite 100 | <input type="checkbox"/> Remove |
| | | Clermont, FL 34711 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sports Medicine Institute International, 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 07/02/2013 and assigned
Florida document number L13000094980.

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:

17307 Pagonia Drive Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Clermont, FL 34711

Enter new mailing address, if applicable:

17307 Pagonia Drive Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Clermont, FL 34711

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:

James M. Ray MD

New Registered Office Address:

17307 Pagonia Drive Suite 100

Enter Florida street address

Clermont

City

Florida

State

Zip Code

34711

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.

James M. Ray
If Changing Registered Agent, Signature of New Registered Agent

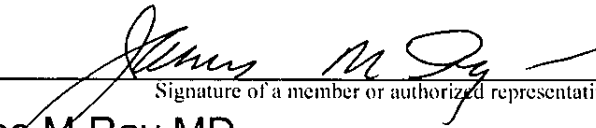
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please amend address for MGR James M Ray to 17307 Pagonia Dr Suite 100 Clermont, FL 34711

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 September 25, 2014



Signature of a member or authorized representative of a member

James M Ray MD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA