

2/28/2014

Division of Corporations

L13000122478

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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**PHARMERP INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
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T. HAMPTON



March 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PHARMERP INVESTMENTS LLC
189 MYRON DR
ZEPHYR COVE, NV 89448

SUBJECT: PHARMERP INVESTMENTS LLC
REF: L13000122478

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000016264 (MEDCLOUD GLOBAL LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000049999
Letter Number: 514A00004548

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

*Med Cloud Global LLC
50 Central Avenue Suite 950
Sarasota, FL 34236
Direct: (941) 840-1004
Fax: (941) 847-1035*

March 3, 2014

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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Re: Consent to Use of Name "MedCloud Global LLC"

Dear Sir or Madam:

The undersigned, as Manager of Med Cloud Global LLC, a Florida limited liability company registered under Document Number L14000016264 (the "LLC"), which filed Articles of Dissolution with the Department on February 26, 2014, hereby authorizes use of the name "Med Cloud Global, LLC", by PharmERP Investments LLC, a Florida limited liability company, which desires to change its name to "Med Cloud Global LLC." The LLC will not revoke its dissolution and never commenced to start a business and thus has completed its winding up. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Med Cloud Global LLC
Document Number L14000016264

By: 

Matthew Schulz, Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PharmERP Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/29/2013 and assigned
Florida document number L13000122478

This amendment is submitted to amend the following:

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

MedCloud Global LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 50 Central Avenue
Suite 950
Sarasota, FL 34236
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 50 Central Avenue
Suite 950
Sarasota, FL 34236
(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 _____
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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 15, 2014



Signature of a member or authorized representative of a member

Jordyn Holdings III, LLC

Typed or printed name of signer

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TALLAHASSEE, FLORIDA