

2/28/2014

**L13000122478**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140000499993ABCC

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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**

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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 refile 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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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:

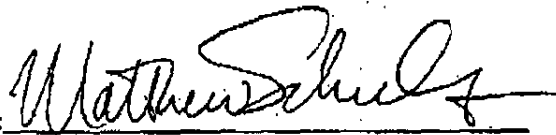
The undersigned, as Manager of Med Cloud Global LLC, a Florida limited liability company registered under Document Number L14000016264 (the "LLC"), which filed Articles of Dissolution with the Department on February 26, 2014, hereby authorizes use of the name "Med Cloud Global, LLC", by PharmERP Investments 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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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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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 "L.L.C."

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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.)*

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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 signee

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