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(((H15000042423 3)))



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From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 Phone

: (727)442-1200

Fax Number

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

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T-MATT	MUULTER:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICUS INVESTMENT GROUP LLC

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February 19, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEDICUS INVESTMENT GROUP LLC 15408 AZRA DR ODESSA, FL 33556

SUBJECT: MEDICUS INVESTMENT GROUP LLC

REF: L13000125015

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 registered agent must sign accepting the designation.

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, call (850) 245-6051.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H15000042423 Letter Number: 715A00003497

P.O BOX 6327-Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDICUS INVESTMENT GROUP LLC	,	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on September 4, 2013	and assigned
Florida document number L13000125015		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the ab-	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Tuton your mailing a ddungs is annually		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		ne name of the ne
registered agent and/or the new registered office address here:		7. T
		SSE 19
Name of New Registered Agent:		ma n
New Registered Office Address:		5 5 T
	Enter Florida street address	
	, Florida	E>
<del></del>	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

MGR = Manager

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:

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			□ Remove
			□ Remove
			□ Add
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			Add
			Remove
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			Remova T
			Add
			Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary. E ATTACHMENT
ie effectiv	date, if other than the date of filing:  (optional)  e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
ated	Tebruary 16 2015
	Signature of a member or authorized representative of a member
	ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

## ATTACHMENT TO ARTICLES OF AMENDMENT OF MEDICUS INVESTMENT GROUP LLC

### Voting and Non-Voting Membership Interests

The Company shall consist of one percent (1%) of the ownership interests having voting Membership rights and ninety-nine percent (99%) of the ownership interests have non-voting Membership rights. The holders of the one percent (1%) voting Membership Units shall have a fiduciary duty to vote their Membership Interests based upon the same standard which applies to General Partners of a Limited Partnership in the State of Florida. The non-voting Members shall have rights as provided under the Florida Statutes, and as would apply to the Limited Partners of a Florida Limited Partnership. The Members may designate by written agreement and/or certificate of ownership whether Membership Interests that they are acquiring are voting or non-voting, but if not specifically designated, any issued Member Interests shall be considered to be non-voting.