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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 2 3 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

Sora Global Executive Medical Services 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:

Efrain E Sora

Name of Person

Sora Global Enterprises LLC

Firm/Company

1530 SW 139 Ave

Addres

Miami FL 33184

City/State and Zip Code

esora@soraglobal.com

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

For further information concerning this matter, please call:

Efrain E Sora

,,305,**776-8962**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

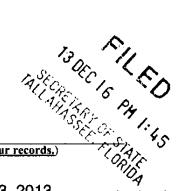
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sora Global Executive Medical Services, 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 Liab Florida document number <u>L13000133702</u>	oility Company	were filed on Sept. 23,	2013	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the o	designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:		Sora Global Enter	prises LLC	
(Principal office address MUST BE A STREET ADDRESS)		1530 SW 139 Ave)	
		Miami FL 33184		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, <u>enter the</u>	name of the new
Name of New Registered Agent:	Sora Global Enterprises LLC			
New Registered Office Address: 1530 SW 139 Ave				
Trow Registered Stripe Fiduless.	Enter Flori	da street addres:	5	
	Miami		, Florida 3318	34
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 608, 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

Page 1 of 3

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sora Insurance Advisors LLC	1530 SW 139 Ave	Add
		Miami FL 33184	Remove
MGR	Sora Global Enterprises LLC	1530 SW 139 Ave	Add
		Miami FL 33184	Remove
			Add
			Remove
		4	Add
			Remove
			Add
			Remove
			Add
	*		Remove

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
The purpose fo	r which this Limited Liability Company is organized:
Any and all	Lawful Business
Dec 11	
	Signature of a member of authorized representative of a member
Efrain E So	

Page 3 of 3

Filing Fee: \$25.00