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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New World Angels Investors XI (OBMedical), 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:

Jonathan Grabis

Name of Person

New World Angels

Firm/Company

3651 FAU Blvd, Suite 400

Address

Boca Raton, FL 33431

City/State and Zip Code

jgrabis@research-park.org

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

For further information concerning this matter, please call:

Jonathan Grabis

Name of Person

at (561) 416-6092

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**

New World Angels Investors XI (OBMedical), 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 4/2/2014 and assigned
Florida document number L14000054969.

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:

(Principal office address MUST BE A STREET ADDRESS)

8130 Glades Rd

Suite 293

Boca Raton, FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3651 FAU Blvd

Suite 400

Boca Raton, FL 33431

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:

Jonathan Grabis

New Registered Office Address:

3651 FAU Blvd, Suite 400

Enter Florida street address

Boca Raton

City

Florida

33431

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>
President	Scott Dresden	1730 South Federal Hwy Suite 317 Delray Beach, FL 33483	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	Rob Shuck	7991 11th Ave. S St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Mildred Farmer	1800 North Shore Dr. NE St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rhys Williams	3651 FAU Blvd, Suite 400 Boca Raton, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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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TALLAHASSEE, FLORIDA

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 August 20, 2014



Signature of a member or authorized representative of a member

Rhys Williams

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA