

L14 000 190471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

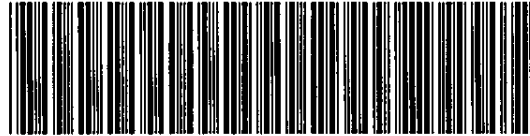
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB - 9 AM 8:40
TALLAHASSEE, FLORIDA

J. Shivers FEB 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital 1 Exports L.L.C.
Name of Limited Liability Company

The enclosed Article(s) of Amendment and (let)s are submitted for filing.
Please return all correspondence concerning this matter to the following:

Chad Neuburger
Name of Person
Capital 1 Exports L.L.C.
Firm Company
900 Biscayne Blvd
Address
Miami, FL 33132
City, State and Zip Code
chadneuburger@hotmail.com
E-mail address (do not use for future notices)

For further information concerning this matter, please call:

Chad Neuburger at 305 812-2320
Name of Person Area Code District Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$45.00 Filing Fee & Certified Copy (additional fee is essential)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional fee is essential)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

STREET COURIER ADDRESS:
Registration Section
Division of Corporations
Citibank Building
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Capital 1 Exports LLC.

(Name of the Limited Liability Company, with any abbreviations as are necessary)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/8/14 and assigned Florida document number L14000190471

This amendment is submitted to amend the following:

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

CNRL medical consulting LLC.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

900 Biscayne Blvd
Miami FL 33132
Unit 3707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

900 Biscayne Blvd
Miami FL 33132
Unit 3707

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

City State 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 805, 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

15 FEB -9 AM 8:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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
 ANMBR = Authorized Member

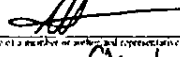
Title	Name	Address	Type of Action
AMBR	Roberto Lorenzoma	15645 Collins Ave X Sunny isles Beach FL 33160 Apt 502	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 DEPARTMENT OF STATE
 FALL ANNUAL STATE
 FALL ANNUAL STATE, 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: February 3, 2015



(Type or print name of signor.)
Chad Neuburger

15 FEB -9 AM 8:49
DEPARTMENT OF STATE
MAIL ROOMS - 1F LONDON