

JAN 13 2015 3:39PM

GASSMAN LAW ASSOCIATES P.A.

NO. 5106

P. 1

L15000005548

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INFOCUS MEDICAL SOLUTIONS, L.L.C.

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L. Burch JAN 14 2015

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CONSENT TO USE OF SIMILAR CORPORATE NAME

THE UNDERSIGNED, VIJAY DASIKA, being the Manager of PHYSICIANS FIRST CHOICE, LLC, a Florida limited liability company, corporate document number L08000008453, which entity changed its name from INFOCUS SOLUTIONS, LLC to PHYSICIANS FIRST CHOICE, LLC by the filing of Articles of Amendment on November 6, 2014, does hereby acknowledge and consent to the use of the similar corporate name, INFOCUS SOLUTIONS, L.L.C.

DATED this 12th day of January, 2015.

**PHYSICIANS FIRST CHOICE, LLC, a
Florida limited liability company**

By: Vijay Dasika
VIJAY DASIKA

Its: Manager

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INFOCUS MEDICAL SOLUTIONS, L.L.C.

(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 January 9, 2015 and assigned
Florida document number L15000005548.

This amendment is submitted to amend the following:

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

INFOCUS SOLUTIONS, L.L.C.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

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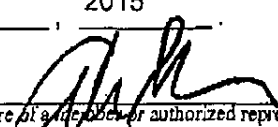
NO. 5106 P. 5

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 January 13, 2015


Signature of a member or authorized representative of a member

ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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