

L150000 L9095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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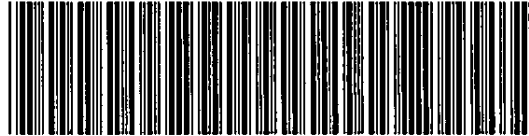
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 29 2015
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Shareholder
Board Certified Civil Trial Lawyer
Board Certified Appellate Practice
American Board of Trial Advocates
Of Counsel

BLANCHARD | MERRIAM
ADEL | KIRKLAND

ATTORNEYS AT LAW SINCE 1974

October 8, 2015

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: The Medical Institute, LLC

Gentlemen:

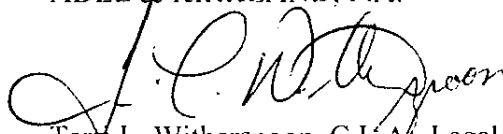
Enclosed for filing are Articles of Amendment to the Articles of Organization of The Medical Institute, LLC changing the name to Medical Institute, LLC. Also enclosed is our check in the sum of \$25.00, representing the filing fee.

Please return a conformed copy of the Articles of Amendment to the Articles of Organization to me. A self-addressed envelope is enclosed for your mailing convenience.

Should you have any questions or if I could be of further assistance, please call.

Sincerely yours,

BLANCHARD, MERRIAM,
ADEL & KIRKLAND, P.A.



Terri L. Witherspoon, C.L.A., Legal
Assistant to Jose H. Cortes, Jr.

JHC/t
Enclosures

4 Southeast Broadway
P.O. Box 1869
Ocala, Florida 34478

ph: 352-732-7218

fax: 352-732-0017

www.bmaklaw.com

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

The Medical Institute, 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 April 20, 2015 and assigned
Florida document number L15000069095

This amendment is submitted to amend the following:

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

Medical Institute, LLC

The new name must be distinguishable and contain 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)

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

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TALLAHASSEE, FLORIDA

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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"/> Change
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, 2015

Di

Abbas S. Ali, Manager

Typed or printed name of signee