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COVER LETTER

TO:		on of Corpo						
SHE		restige Medi	cal Group, LLC					
501	Name of Limited Liability Company							
The	enclosed A	articles of Ar	nendment and fee(s) are sub	mitted for filing.				
Plea	se return al	l correspond	ence concerning this matter	to the following:				
			Albert R. Meyer					
				Name of Person				
			Law Office of Al Meyer, P	A				
	Firm/Company 55 S.E. 2nd Avenue, 1st Floor Address							
			Delray Beach, FL 33444					
			City/State and Zip Code					
			al@almeyerlaw.com			28. 28. 29.		
			E-mail address: (t	to be used for future annual repor	rt notification)	ORE AH		
For	further info	rmation con	cerning this matter, please ca	all;		ASSI ASSI		
Alb	ert Meyer			561 398-06: at ()	-	11 11 11 11 11 11 11 11 11 11 11 11 11	FILE	
		Name of P	erson	Area Code D	aytime Telephone Nume	1:21 STATE	D	
Enc	losed is a c	heck for the	following amount:					
	\$25 .00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	Filing Fee, cate of Status ed Copy nal copy is enclos		

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

oany as it now appears on our rec Liability Company)	cords.
y were filed on April 21, 2015	and assigned
bility company here:	
oility Company," the designation "I	LLC" or the abbreviation "L.L.C."
4517 26th St. W	
Bradenton, FL 34207	
4517 26th W	2015 SECR
Bradenton, FL 34207	JUL HAS
	-2 RY SEE
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office address on our reco <u>re</u> :	ords, enter the name of the
Enter Florida street ad	dress
	bility company here: bility Company," the designation "1 4517 26th St. W Bradenton, FL 34207 4517 26th W Bradenton, FL 34207

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>	Address	Type of Action
			
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fective date, if other than the	st be specific ai	nd cannot be	orior to date	of filing or mo	re than 90 day:	optional) s after filing	.) Pursuant to	605.02
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e record specifies a delaye The 90th day after the rec			not an e	ffective tii	me, at 12:	01 a.m.	on the e	arlier
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Filing Fee: \$25.00