L15000129123

(Re	equestor's Name)	· - · - · · - · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2015 NOV 19 PM 4: 25
SEGRETARY OF STATE.

K.SALY EXAMINER NOV 20 2015

COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:		GRUOP LLC		
SOBJECT.		Name of Limited Liability Co	mpany	
		mendment and fee(s) are submitted for filing lence concerning this matter to the following		
		CARLOS LANDA		
		Name of	Person	
		MEDIQUIM GROUP LLC		
		Firm/Co	mpany	
		3625 NW 82 AVE SUITE 100K		
		Addr	ess	
		DORAL, FLORIDA 33166		
		City/State and	d Zip Code	
		INFO@MEDIQUIM.COM E-mail address: (to be used for fu	ture annual report notification)	
For further i	nformation cor	cerning this matter, please call:		
CARLOS L	.ANDA	954 at ()	
	Name of I	Person Area	Code Daytime Telephone Number	
Enclosed is	a check for the	following amount:		
□ \$25.00 I	Filing Fee	Certificate of Status Certifie	Filing Fec & Section	of Status &

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

ZOIS NOV 19 PM 4: 25

TALLAHASSEE, FLORIDA

MEDIQUIM GRUOP LLC

company has been notified in writing of this change.

(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 07/29/2015 and assigned	
Florida document number L15000129123		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MEDIQUIM GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3625 NW 82 AVE STE 100K	
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33166	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	3625 NW 82 AVE STE 100K	
	DORAL, FL 33166	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Chy Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	g Authorized Person(s) authorized to n l from our records:	manage, enter the title, name, and address of each person being added		
MGR = N	Manager Authorized Member		2015 NOV 19 PM 4: 25	
<u>Title</u>	<u>Name</u>	Address	SLORE TARY OF STATE ORIGIN	Type of Action
			SSEE, FLORIDA	
				□ Remove
				☐ Change
			.	Add
			••••	□ Remove
		-		Change
				☐ Remove
				Change
				Remove
				Change
				Add
				Remove
				Change
				Add
				□ Remove
				Change

FROM: MEDIQUIM C	RUOP LLC	20/3 NOV 10
TO: MEDIQUIM GRO	UP LLC	2015 NOV 19
CHANGING THE THE	PHYSICAL AND MAILING ADDRESS.	TALLAHASSEE.
·····		
tive date, if other than	07/29/2015 the date of filing:	(optional)
If the date inserted in the	e must be specific and cannot be prior to date of filing or more nis block does not meet the applicable statutory filing re the Department of State's records.	
ecord specifies a del e 90th day after the	ayed effective date, but not an effective time record is filed.	ne, at 12:01 a.m. on the earlier
JULY 29,	2015	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00