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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SILBERSTEIN LAW FIRM PLLC

Account Number : I20110000094 Phone

: (941)953-4400

Fax Number

: (941)953-4450

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	e	2	chris@	) i cl	oud.	com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ETC MEDICAL CONSULTING, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	EDICAL CONSULTING, LLC	
(Name of the Limited Li (A F	lability Company as it now appears on our records,) londa Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L16000024974	ity Company were filed on 2/4/16	and assigned
This amendment is submitted to amend the following	e:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Limbility Company," the designation "LUC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>address here</u> :	THE Frame of the new
Name of New Registered Agent:		The man
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida,	Zio Code
New Registered Agent's Signature, if changing Regis	stered 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

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Eduardo L. Lopez	5824 Bee Ridge Road, #288	
		Sarasota, FL 34233	■ Remove
MGR	Tracy Youngblood-McDaniel	7681 Legacy Road	■ Add
		Flowery Branch, GA 30542	☐ Remove
		<u></u>	Change
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			☐ Remove
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			Change
<del>,</del>			_ ☐ Add
			□ Remove
			☐ Change .

. Hame	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effectiv	date, if other than the date of filing:	. <del>.</del> ,
Note: 1	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.	s t
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	f:
Dated _	Sept 8 , 2016 .	
	i An	
	Signature of a member or authorized representative of a member	
	Christopher J. Edhrooke	

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Filing Fee: \$25.00