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16 OCT 28 AH II: 42 DIVISION OF CORPORATIONS

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	T: MIGM	i Endocrinology Se	ecialists, LLC	
		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Anthony Coniz	la lomina	
	•		Name of Person	
		micros Cadas S	Land Constitution	,
		inmini Enaocii	nology Specialists, LLC	
	,			
		1048 West 17	H .CT Address	
		Hialeah, Fi	33014 City/State and Zip Code nail Com to be used for future annual report notif	
			City/State and Zip Code	
		tdomingue gr	nail:6m	
				ication)
For furth	er information co	oncerning this matter, please ca	all:	
An	thony Dom	ningo	at (305) 744 d	odS
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
5 \$25.0	00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Miami Endocrinology Sp.	ecialists, LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> 니 6000 10 년 6</u> 4 나	were filed on 5/25/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1400 NE Miami Gardens Dr. #104
(Principal office address MUST BE A STREET ADDRESS)	Miami, F1 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the new te:
	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 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
MGR	Gelenis Domingo	PO Box 5004	□ Add
		Miami Lakes, FL 33014	■ Remove
			☐ Change
MGR	Anthony Domingo	7048 W 17th CT	■ Add
		Hialeah FL 33014	☐ Remove
			Add
			☐ Remove
			☐ Change
			15 EAGE T
			Remande T
			ON OF Remarks: 42
			☐ Remove
		•	☐ Change
		····	☐ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Oct. 24th - 2016
	Mewas
	Signature of a member or authorized representative of a member Anthony Tomingo

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Filing Fee: \$25.00