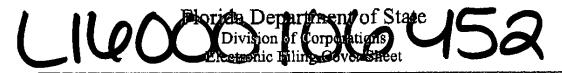
7/26/2016

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE TAX MAN, INC.
Account Number : I19990000042
Phone : (561)799-3810
Fax Number : (561)799-1818

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AR MEDICAL CONSULTANTS, LLC

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

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Corporate Filing Menu

Help JIL 27 206 HARRIS

HIGOCU 1795/83 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR MEDICAL CONSULTANTS, LLC	Company as it now songers on our	rgenrds.)	
(A Florids Li	Company as it now appears on our imited Liability Company)	TVENTUM)	
The Articles of Organization for this Limited Liability Con Florida document number L16000106452	npany were filed on 06/02/2016	and assigned	
Florida document number	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	~ '	-
Enter new principal offices address, if applicable:		- m 0,	_
(Principal office address MUST BE A STREET ADDRE	<u></u>	7.7	_
		72. 6	_
Enter new mailing address, if applicable:		700 0	_
(Mailing address MAY BE A POST OFFICE BOX)		7.2 0.84 0.87	_
_		O.∺ .>•	_
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		ecords, enter the name of the	<u>ney</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florida st ree t	address	
		, Florida	_
	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

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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
AMBR	VIKRAM TARUGU	10581 VERSAILLES BLVD	≅ Add
		WELLINGTON FL 33449	□ Remove
			☐ Change
	• • • • • • • • • • • • • • • • • • • •		🗀 Add
			□ Remove
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		<u>, </u>	□ Remove
			□ Change

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