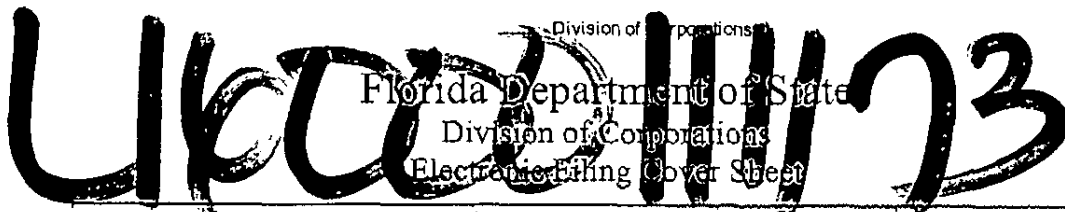


JUN/16/2016/THU 05:08 PM

FAX No.

P. 001

6/16/2016



Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000147789 3)))



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Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEDILAW LLC**

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

JUN 17 2016

**S. YOUNG**

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MEDILAW LLC

(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 06/08/2016 and assigned Florida document number LI600011173

This amendment is submitted to amend the following:

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

317 N. KROME AVE

(Principal office address MUST BE A STREET ADDRESS)

HOMESTEAD, FL 33030

Enter new mailing address, if applicable:

317 N. KROME AVE

(Mailing address MAY BE A POST OFFICE BOX)

HOMESTEAD, FL 33030

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

317 N. KROME AVE

Enter Florida street address

HOMESTEAD

Florida 33030

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 16 14 53 PM

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHANGE OF ADDRESS	317 N. KROME AVE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIS E. GIRALDO	317 N. KROME AVE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
JUN 16 AM 9:02

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

STATE  
SECRETARY OF ILLINOIS  
TALLAHASSEE, FLORIDA  
MAY 20 1962

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JUNE 16, 2016

NE 16 \_\_\_\_\_, 2016  
 Signature of a member or authorized representative of a member

AMIR W. HERNANDEZ

Typed or printed name of signer