L14000116839

(Req	uestor's Name)	
(Addi	ress)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	UD COTT	Management Group, LLC		
2020			ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Rosaelena Valencia-Villa		
			Name of Person	
		MedQual Management Gro	oup, LLC	
		····	Firm/Company	
		13727 SW 152nd St, Suite	320	
			Address	
		Miami, Fl 33177		
			City/State and Zip Code	
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Address MedQual Management Group, LLC Firm/Company 13727 SW 152nd St, Suite 320 Address Miami, Fl 33177 City/State and Zip Code rvalenciavilla@medqualmg.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person Area Code Daytime Telephone Number		
For fi	irther information c	concerning this matter, please co	all;	
Rosa	elena Valencia-Vill	a		
•	Name o	of Person		Telephone Number
Enclo	sed is a check for t	he following amount:		
□ \$	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

ROSAELENA VALENCIA-VILLA 13727 SW 152ND ST, SUITE 320 MIAMI, FL 33177

SUBJECT: MEDQUAL MANAGEMENT GROUP, LLC

Ref. Number: L16000116839

SECRETARY OF STATE TALLAHASSEE, FLORIDA

We have received your document for MEDQUAL MANAGEMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00022382

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MedQual Management Group, LL			
(Name of the Limi	ted Liability Con (A Florida Limite	ipany as it now appears on our records ed Liability Company)	
The Articles of Organization for this Limited L	iability Compa	ny were filed on 6/16/2016	and assigned
Florida document number L16000116839	·		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC"	'or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
		12727 CW 152ND CT	₽
Enter new mailing address, if applicable:		13727 SW 152ND ST.	<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)	SUITE 320	<u></u>
		MIAMI, FL 33177	<u> </u>
B. If amending the registered agent and	or registered	affice address on our records	enter the name of the ne
registered agent and/or the new registered of	•		Circle the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	8360 S. DIX	IE HIGHWAY, SUITE 304	
***************************************	-	Enter Florida street address	,
	MIAMI	, Flo	orida <u>33143</u>
		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
AMBR	The A. Mikael Revocable Trust	14469 SW 20TH ST	
		MIAMI, FL 33175	■ Remove
			Change
AMBR	MCO Realtime Solutions, Inc.	15757 PINES BLVD., SUITE 399	Add
		PEMBROKE PINES, FL 33027	■ Remove
			☐ Change
			
			☐ Remove
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		, , , , , , , , , , , , , , , , , , , 	Add
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			D Add
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Page 3 of 3

Filing Fee: \$25.00