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### **NICOLE J. HUESMANN, P.A.**

Attorney at Law

150 Alhambra Circle, Suite 1200 Coral Gables, Florida 33134 Phone (305) 858-0220 Fax (305) 854-6810 njhuesmann@njhlaw.com

signy for a/h

September 27, 2016

#### **VIA FED-EX**

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: Name of LLC: TMS Medical Investment Group, LLC Document Number: L160000170592
Articles of Amendment

To whom it may concern:

Please find enclosed the following for the above referenced company:

- Check No. 4895 for the amount of \$30.00 for filing fees and Certificate of Status,
- Original Cover Letter and
- One Original Articles of Amendment with One copy

We request that you provide confirmation of filing of same. Should you require anything further or have any questions, please do not hesitate to contact us.

Very truly yours

Nicole 7. Huesmann

NJH/or Enclosures

# **COVER LETTER**

	TMS MEDICAL INVESTMENT GROUP, LLC				
	Name of Lim	ited Liability Company			
d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
all correspor	ndence concerning this matter	to the following:			
	NICOLE J. HUESMANN				
		Name of Person			
	NICOLE J. HUESMANN,	P.A.			
		Firm/Company	<u></u> ග්		
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HUESMANN	1	305 858-0220			
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a check for the	e following amount:				
Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	nformation co	Name of Lim  d Articles of Amendment and fee(s) are sub a all correspondence concerning this matter  NICOLE J. HUESMANN  NICOLE J. HUESMANN,  150 ALHAMBRA CIRCL  CORAL GABLES, FL 331  NJHUESMANN@NJHLAN  E-mail address: (i) information concerning this matter, please cathuesmann  Name of Person  a check for the following amount: Filing Fee \$30.00 Filing Fee &	TMS MEDICAL INVESTMENT GROUP, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  NICOLE J. HUESMANN  Name of Person  NICOLE J. HUESMANN, P.A.  Firm/Company  150 ALHAMBRA CIRCLE, SUITE 1200  Address  CORAL GABLES, FL 33134  City/State and Zip Code  NJHUESMANN@NJHLAW.COM  E-mail address: (to be used for future annual report not information concerning this matter, please call:  HUESMANN  Name of Person  a check for the following amount:  Filing Fee  \$30.00 Filing Fee & Certified Copy	TMS MEDICAL INVESTMENT GROUP, LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  NICOLE J. HUESMANN  Name of Person  NICOLE J. HUESMANN, P.A.  Firm/Company  150 ALHAMBRA CIRCLE, SUITE 1200  Address  CORAL GABLES, FL 33134  City/State and Zip Code  NJHUESMANN@NJHLAW.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  HUESMANN  Name of Person  Name of Person  Area Code  Daytime Telephone Number  a check for the following amount:  Piling Fee  Certificate of Status  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

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### 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>	<u>Address</u>	Type of Action
MGR	JABER, TALIB	152 PORGEE ROCK PLACE	□ Add
		JUPITER, FL	■ Remove
		33458	☐ Change
MGR	SYED, MUHAMMAD K	8432 IRONHORSE COURT	□ Add
		WEST PALM BEACH, FL	■ Remove
		33412	☐ Change
MGR	MARTINEZ, HERIBERTO E	160 NW 127 AVENUE	1SALLAHA
		MIAMI, FL	Remove S
		33182	Change
MGR	SYMAGAB HOLDING INC	201 SW 16TH STREET	■ Add
		OKEECHOBEE, FL	□ Remove
		34974	☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00