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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694

Fax Number : (305)633-9696

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 MEDIFINANCIAL SERVICES, LLC.

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D. SCOTT

DEC 1 3 2016



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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: MediGnancial Services UK
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX A. ADAMS
Name of Person
the Medilaw Frem
Firm/Company
2151 S- CELEUNE Rd. Ste 306
Addiress
Coral Gables for 33134
City/State and Zip Code
Infortherned buting-com
E-mail address: (to be used for future annual report solification)

For further information concerning this matter, please call:

Angela Ferrez at (305) 444-3484

Number of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee □ \$30.00

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is emissed)

☐ \$60.00 Filing Fee, Cartificate of Status & Certified Cupy (additional copy is their said

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

Medificance.	Services	LLC	
(Name of the Limited Liability Com (A Florida Linux	pany as it how appears)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 16 000 2036 83</u>	ny were filed on _	11-4-10	and assigned
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the ilmited il	ability company i	tere:	
The new name must be distinguishable and contain the words 'Limited Lie	ability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2100 Sur Caral	Ponce T te 600 Gables	De Leon Blud FC 33134
Enter new mailing address, if applicable: (Melling address MAY BE A POST OFFICE BOX)	S	And as	AGOVE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	are:	orida street address	
•.			
	City	Florida	Zip Code
New Registered Accur's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and according to all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered officerompany has been notified in writing of this change.	te performance of s provided for in (f my duties, and I at Chapter 605, F.S. (m familiar with and Or II this document is
II Ch	anging Registered A	gent, Signature of New	
Page	e 1 of 3		ED 2 M 9 2Y OF STA SEE, FLOR
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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:

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			☐ Remove
			Change
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