N					
Page 2 of 5		2019-02-15 12:21:59 EST	18133145193 From; Kathleen W		
`. Division	offCorponational	lorida Department of Sta Division of Corporations Electronic Filing Cover Sheet			
	Note: Please prin audit number (sh	out this page and use it as a cover so own below) on the top and bottom document. (((H19000054046 3)))	sheet. Type The fax T of all pages of the FB T ASSOCIATION A		
	Hiscobos40463AEC5				
PV 12: 4.7	Τυ: From:	Division of Corporations Fax Number : (850)617- Account Name : HCLLAND & Account Number : 072100000 Phone : (813)227- Fax Number : (813)901-	THE CORRECT NAME CONTAINED IN THE ORIGINAL FILED DOCUMENT. 0016 -8500		
() () () ()	nnual report mai mail Address: LLC AMND/A MEDIC Cent Cent	ESS for this business entity lings. Enter only one email RESTATE/CORRECT OR M CAL INVESTMENTS GROU ificate of Status	address please.**		

\$55.00

.

https://efile.sunbiz.org/scripts/efilcovr.exe

. •

Estimated Charge

To.

2/15/2019

ALIBLICC

.

.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medical Investment Group, LLC (Name of the Limited Liability Company as it now appears on our rec	ords)
(A Horide Limited Limi	<u>, , , , , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited Liability Company were filed on 2/13/19 Florida document number L19000036881	and assigned
This amondmont is submitted to amond the following:	
A. If amending name, enter the new name of the limited liability company here:	2019 F
The new name must be distinguishable and contain the words "Limited Liebility Company," the designation "I	LC" or the appreviation "B.L.C."
Enter new principal offices address, if applicable:	SS 5
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	5 6
(Mailing address MAY BE A POST OFFICE BOX)	

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:		
New Registered Office Address:	Enter Florida street ada	lress
		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 dutics, 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 Repistered Agent

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	Niki Patel	16608 Sedona de Aliva Tampa, Plorida 33613	≅ ∧ddi
MGR	Stephen Story	16608 Sedona de Aliva	
		Tampa, Florida 33613	Si o m
			Connge
			□ Add
			Remove
			Change
			[] Add
			D Change
			🖸 Add
			Remove
			Change
			Change

. .

•

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

	·····
	LL/A AS
	SLE FLORIDA
	<u> </u>
	······
tive date, if other than the date of filing:	(optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 15	2019
Balleti III III	1
Fain Illa	
Signature of a me	mber or nuthorized representative of a member

Kevin Patrick Mechan

Typed or printed name of signes

Page 3 of 3

Filing Fee: \$25.00