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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Doctor G MEDICA LLC 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:
Messandra Silva Name of Person
Firm/Company
4243 W HILSBORD Blvd.
Coconut Creek, FL 33073 City/State and Zip Code admin @ bette mw mudical . wm E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (561) 809-1826 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOCKUR G MEDICAL (Name of the Limited Liability Compan (A Florida Limited Liability)	L LC iv as it now appears on our reliability Company)	ecords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	·
Enter new principal offices address, if applicable:		: o
(Principal office address MUST BE A STREET ADDRESS)		——————————————————————————————————————
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	address
		. Florida
	City	Fiorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

Thereby 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
MGR	MARA CHELALA	4135 Eastridge cir.	MAdd
		Deerfield Buh, FL 33064	□ Remove
			□ Change
MGR	Flavio Alexandre	3530 MYSTIC POINTE DR	🗹 Add
	Costa	AVENTURA, FL 33180	□Remove
			□Change
MGR	Alessandra Moreira	3530 MYSTIC POINTE DE	2. WAdd
		AVENTURA, FL 33180	□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
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	Sign	atura memb	er or allaborized	representative of	a member		<u> </u>

Filing Fee: \$25.00