

LOS 0000 64528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

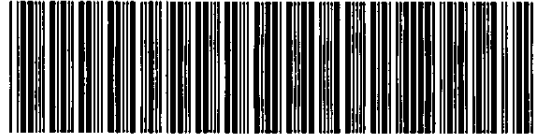
(Business Entity Name)

(Document Number)

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15 MAR -3 PM 12:18
SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

J. SHANNON MAR 18 2015

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: PhysioMedics Manufacturing, 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:

Mark L Josefson

Name of Person

PMM Holdings, LLC

Firm/Company

3661 Wild Pines Drive, A307

Address

Bonita Springs, FL 34134

City/State and Zip Code

mark@brimark.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Josefson

Name of Person

at 239 947-3481

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

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**

PhysioMedics Manufacturing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/29/2005 and assigned Florida document number L05000064522.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PMM Holdings, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3661 Wild Pines Drive

A 307

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2026 Oak Lea Drive

Suite 101

Wayzata, MN 55391

15 MAR - 3 PM 12:29

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: Mark L Josefson

New Registered Office Address: 3661 Wild Pines Drive, A307

Enter Florida street address

Bonita Springs, Florida 34134

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.

Mark L Josefson

If Changing Registered Agent, Signature of New Registered Agent

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/15/2015

Mark L Josefson

Signature of a member or authorized representative of a member

Mark L Josefson

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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FLORIDA DEPARTMENT OF STATE

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---------------------------------------|-------------------------------------|
| MGR | Maark L Josefson | 2926 Oak Lea Drive, Wayzata, MN 55391 | ADD <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
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 COUNTY OF ST. LOUIS
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