

LU7000020767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



400087102834

02/26/07--01036--027 **25.00

FILED
07 FEB 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 FEB 26 PM 2:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
07 FEB 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Red Bag LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- Art. of Amend. File LLC
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: LW 2/26

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
07 FEB 26 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Red Bag LLC

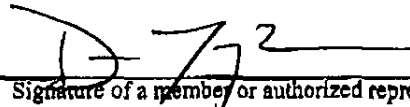
(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was 02/23/2007

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

RED BAG MEDICAL SOLUTION LLC

Dated February 26, 2007



Signature of a member or authorized representative of a member

DAWN LAPINA

Typed or printed name of signee

Filing Fee: \$25.00