## 15000194286

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## COVER LETTER

TO: Registration Section Division of Corporations						
STIRTE	CT.	Urofill, LLC			\	
SUBJECT: Name of Limited Liability Compa					Company	/
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for fi	lling.	
Please r	eturn .	all correspon	dence concerning this matter	to the follow	wing:	
			Loretta Fabricant			
				Name	of Person	
			Fabricant & Company, PA		Ì	
				Firm/	Company	
			100 SE 2 Street, Suite 231	l	ļ	
				Ad	ldress	
			Miami, FL 33131			
				City/State	and Zip C	ode
			É-mail address: (	to be used for	future and	qual report notification)
For furth	er inf	ormation cor	icerning this matter, please or			
Loretta l	Fabric	ant		3 at (	305	371-2830
Name of Person			rea Code	Daytime Telephone Number		
Enclosed	lis a c	heck for the	following amount:			
□ <b>\$</b> 25.	00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fo	Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Regist Divisi Clifto 2661 I	EBT/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UROFILL, 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 11/17/2015 and assigned Florida document number \_\_L15000194286 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 address City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree  $m{k}_0$  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

If Changing Registered Agent, Signature of New Registered Agent

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 amendir	ng Authorized Person(s) authorized to a defend our records:	manage, enter the title, name, and a	address of each person being added
MGR = 1	Manager Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOEL CHECHIK	4249 ABBOTT AVENUE S.	Add
		MINNEAPOLIS, MN 55410	■ Remove
			Change
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D. If amending any other information, enter change(s) here:	Attach additional sheets, if necessary.)
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	A
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to de	(optional)
Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	h
75.0	$\Lambda I$
If the record specifies a delayed effective date, but not ar (b) The 90th day after the record is filed.	refrective time, at 12:01 a.m. on the earlier of:
/ 1/	V
Dated (1) 13 18	Λ
Signature of a member or authorized	representative of a member
Paul E. Perito	
. Typed or printed na	me of signee

Page 3 of 3

Filing Fee: \$25,00