

FILED
SECRETARY OF STATE
DIVISION OF COMPOSITION
09 APR 20 PM 4:14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Redi-Med, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000047778

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. Snyder
(Name of Person)

Redi-Med
(Name of Firm/Company)

4550 Executive Dr #104
(Address)

NAPLES, FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

John Snyder at (239) 566-1226
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 20 PM 4: 14

Redi-Med, 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 6/24/2004 and assigned
Florida document number L 0 4 0 0 0 0 4 7 7 7 8 .

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 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)

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:

John M. Snysen

New Registered Office Address:

4550 Executive Dr. #104

(Enter Florida street address)

NAPLES

(City)

Florida

34119

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>John M. Snyder</u>	<u>4550 Executive Dr.</u> <u>#104</u> <u>NAPLES, FL 34119</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>Shawn B. Miller</u>	<u>9400 Bonita Beach Rd</u> <u>#101</u> <u>Bonita Springs, FL 34135</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 15, 2009

Signature of a member or authorized representative of a member

John M. Snyder
Typed or printed name of signee