

LO4000055976

(Requestor's Name)



(Address)

100252728641

(City/State/Zip/Phone #)

11/06/13--01019--008 **30.00

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

B. BOSTICK

NOV - 7 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Scendia Med-Surg, LLC

SUBJECT: _____
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:

Scott Winn

Name of Person

Scendia Med-Surg, LLC

Firm/Company

1809 E. Broadway Street #323

Address

Oviedo, FL 32765

City/State and Zip Code

scott@scendiamed.com

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

For further information concerning this matter, please call:

Scott Winn

407 359-7413

at ()

Name of Person

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

2013 NOV -6 PM 5:00
TALLAHASSEE, FL
DIVISION OF CORPORATIONS
RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Scendia Med-Surg, 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 7/26/2004 and assigned
Florida document number L04000055976

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)

1809 E. Broadway Street

#323

Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

1809 E. Broadway Street #323

Enter Florida street address

Oviedo

Florida

32765

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 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

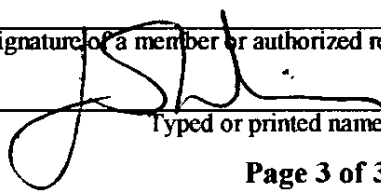
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgrm	Mirus Ventures, LLC	1809 E. Broadway St	<input checked="" type="checkbox"/> Add <i>New address</i>
		#323	<input type="checkbox"/> Remove
		Oviedo, FL 32765	
Mgrm	Ryan Phillips	1809 E. Broadway St	<input checked="" type="checkbox"/> Add <i>New address</i>
		#323	<input type="checkbox"/> Remove
		Oviedo, FL 32765	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FL 32309

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

Dated 30TH OCTOBER, 2013

Signature of a member or authorized representative of a member
J. Scott Winn
Typed or printed name of signee



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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA