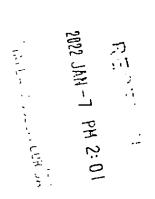
10400072956

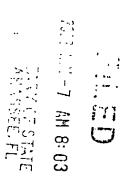
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



500379109035





Y SULKER JAN 1) 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/07/22

NAME: HNM STAINLESS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	gistration Se vision of Coi					
SHRIF <i>C</i> T:	HNM Stair					
Sobole 1.		Name of Lin	nited Liability Company			
The encloses	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please returi	n all correspo	ondence concerning this matter	to the following:			
		Richard R. Robles, Esq.				
	Name of Person					
Law Offices of Richard R. Robles, P.A.						
	Firm/Company					
	905 Brickell Bay Drive, Suite 228					
	Address					
Miami, FL 33131						
			City/State and Zip Code			
		rrobles@roblespa.com				
			to be used for future annual report no	otification)		
For further is	nformation c	oncerning this matter, please c	all:			
Richard Rol	oles		305 755-9200 at ()			
-	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 B	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)		
	iling Addres		Street Address:			
	gistration S vision of C	section orporations	Registration S Division of Co			
	D. Box 632		The Centre of	•		
Tal	llahassee, I	FL 32314	2415 N. Monr	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HNM Stainless, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on October 7, 2004	and assigned
lorida document number L04000072956		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
INM Medical, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •	20.	_
<u> Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- 3
		,
		The state of the s
. If amending the registered agent and/or registered of	Tice address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		6二三一
		ကြို့က တဲ့
Name of New Registered Agent:		M 8: 03
Mante Strictly Registered rigent.		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gabriel Sragovicz	20855 NE 16 Ave.	
		Suite C15	■ Remove
		Miami, FL 33179	
MGRM	Gabsra, LLC	19635 NE 23 Ave.	_
		Aventura, FL 33180	
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□ Change

			·		
		<u>.</u>	· · · · · · · · · · · · · · · · · · ·		
					
					
					
T-1					
-		-			
	<u>.</u>		 		
					
		,			
					
ffective date, if other than the data effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Department.	be specific and cannot back does not meet the	applicable statt			
record specifies a delayed effective I is filed.	date, but not an effec	tive time, at 12	:01 a.m. on the ear	lier of: (b) The 9	0th day after the
	2022				
January 4		·			
lated January 4		·			
Mos	ignature of a member o	r authorized rep	esentative of a memb	oer	

.

Filing Fee: \$25.00