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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -4 AM 11:03

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C. LEWIS

MAR 7 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORSURE MEDICAL SUPPLY COMPANY L.L.C.
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:

IVETTE ARIAS

Name of Person

FORSURE MEDICAL SUPPLY COMPANY L.L.C.

Firm/Company

7990 GRAND CANAL DRIVE

Address

MIAMI, FL 33144

City/State and Zip Code

LARIAS@SURGIMEDCORP.COM

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

For further information concerning this matter, please call:

IVETTE ARIAS

Name of Person

at (305)

594-1121

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 MAR -4 AM 11:03

FORSURE MEDICAL SUPPLY COMPANY
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
ALLACHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/28/11 and assigned
Florida document number L04000073483.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FORSURE MEDICAL PRODUCTS LLC

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:

1301 NW 78th AVE

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33126

Enter new mailing address, if applicable:

1301 NW 78th AVE

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33126

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:

1301 NW 78th Ave.
Enter Florida street address

Doral, Florida 33126
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:

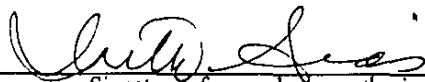
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS ARIAS JR	1301 NW 78th AVE DORAL, FL 33126	☒ Add ☐ Remove
MGR	ALINA QUINTANA	1301 NW 78th AVE DORAL, FL 33126	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 2/28, 2011.



Signature of a member or authorized representative of a member

Ivette Arias

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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