

LOS 000008232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

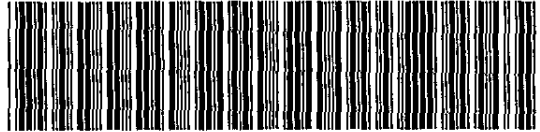
(Business Entity Name)

(Document Number)

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LOS-8232  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic MedWare, LLC

(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:

Jason Barrera

(Name of Person)

Atlantic MedWare, LLC

(Firm/Company)

235 Arbor Woods Circle

(Address)

Oldsmar, FL 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Barrera

(Name of Person)

at ( 727 )

385-4095

(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)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2005 JUL 29 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Atlantic MedWare

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 1/26/05 and assigned document number L 0506000 8232.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

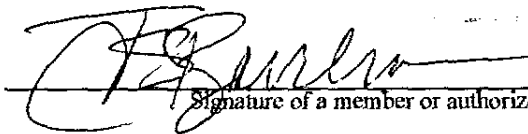
Change of primary function of the company from:

Medical product distributor

to:

Real estate investment firm

Dated July 26, 2005



Signature of a member or authorized representative of a member

Jason Barrera

Typed or printed name of signee

2005 JUL 29 PM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00