L0500003053

(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 Filing Officer:				
L. SELLERS AUG 1 2 2008				

Office Use Only

EXAMINER



600134136996

08/11/08--01047--006 **60.00

SECRETARY OF STATE
TALL AHASSE FLORID.

COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: AIRLIFE	MEDICAL, LLC						
(Name of Limited Liability Company)							
	•		•				
The enclosed Articles of A	mendment and fee(s) are sub	bmitted for filing.					
Please return all correspond	dence concerning this matter	r to the following:					
	RICK BRAUCKMULLER	·					
	(Name of Person)						
	AIRLIFE MEDICAL, LLC	}					
		(Firm/Company)					
	205 MAIN ST						
		(Address)					
AUBURNDALE, FL 33823							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
RICK BRAUCKMULLER	•	at (863) 965-4410					
(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

TO:

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**

AIRLIFE MEDICAL, LLC				
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on 03/07/2005 and assigned				
Florida document number L05000023053				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company	," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	205 MAIN ST			
(Principal office address MUST BE A STREET ADDRESS)	AUBURNDALE, F	L 33823		
Enter new mailing address, if applicable:	205 MAIN ST			
(Mailing address MAY BE A POST OFFICE BOX)	AUBURNDALE, FL 33823			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our e:	records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Ente	r Florida street address)		
		, Florida		
Nam Desistand Amends Cinnedam 16 Land. D. 14	(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)

Page 1 of 2

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 = N	MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action				
			Add Remove				
-	1		Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)					
			_ 				
							
Dated	8/7.2 Richa	008. nl Brauchm Cle	-				
	Signature of a member	r or authorized representative of a member ed Brauckmuller or printed name of signee					
	Typed	or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00

08 AUG 11 AH 8: 14