

L05000082020

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ICON MEDICAL EQUIPMENT LLC**

|                       |         |
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| Certificate of Status | 0       |
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**A. LUNT**

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**EXAMINED**

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(((H08000212704)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ICON MEDICAL EQUIPMENT 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 08/18/2005

Florida document number 105000082020

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 "LLC."

Enter new principal offices address, if applicable:

1271 N.E. 140 STREET

(Enclosed office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33181

Enter new mailing address, if applicable:

1271 N.E. 140 STREET

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33181

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:

5743 GRANADA DRIVE, #205

(Enter Florida street address.)

SARASOTA

(City)

Florida 34231

(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)

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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  
MGEM = Managing Member

| Title | Name | Address | Type of Action                                                  |
|-------|------|---------|-----------------------------------------------------------------|
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

PLEASE CHANGE MGR'S ADDRESS TO:

5743 GRANADA DRIVE

#295

SARASOTA, FL 34231

Dated 8-9 2008

(X) H3/13

Signature of a member or authorized representative of a member

HECTOR BELLO

Typed or printed name of signer

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