

FROM : LAZARUS

FAX NO. : (305) 220-1440

Jul 24 2009 09:50:07 AM

in (305) 220-1440 FAX

L05000082020

Florida Department of State
Division of Corporations
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ICON MEDICAL EQUIPMENT LLC

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EXAMINER

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H09000169356

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 and assigned
Florida document number L05000082020

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

Eliades Pena Alcolea

New Registered Office Address:

1271 NE 140TH STREET

Enter Florida street address

North Miami

Florida

33161

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

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FROM : LAZARUS

FAX NO. : 3052201440

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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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR BELLO	5743 GRANADA DR. #295 SARASOTA FL 34231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ELIADES PENA ALCOLEA	1271 NE 140TH STREET North Miami FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 23, 2009

Signature of a member or authorized representative of a member

Eliades Pena Alcolea

Typed or printed name of signer

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