

L05000094699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

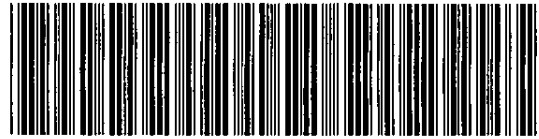
(Business Entity Name)

(Document Number)

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2008 DEC -3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 04 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-Z Medical Equipment Sales + Service
(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:

Lesia Owensby
(Name of Person)

A-Z Medical Equipment Sales + Service
(Firm/Company)

700 East Union Street
(Address)

Jacksonville, FL 32206
(City/State and Zip Code)

For further information concerning this matter, please call:

Lesia Owensby at (904) 854-4025
(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

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
12/1/08
2008 DEC -3 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A-Z Medical Equipment Sales & Service, 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 9-16-2005 and assigned
Florida document number LO5000094699.

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
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

700 East Union Street Bay D-1
Jacksonville, FL 32206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 East Union Street Bay D-1
Jacksonville, FL 32206

**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:

Larry R. Owensby

New Registered Office Address:

6965 Alana Rd

(Enter Florida street address)

Jacksonville

(City)

Florida

32211

(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.

Larry R. Owensby
(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:

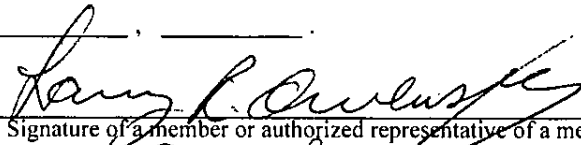
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph D. Little	1783 Dockside DRIVE Orange Park, FL 32003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lesia A. Owensby	6965 Alana Rd Jacksonville, FL 32211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gerald Jones	804 West Minister DR Orange Park, FL 32073	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Larry R. Owensby	6965 Alana Rd Jacksonville, FL 32211	<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

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

Dated _____



Signature of a member or authorized representative of a member

Larry R. Owensby
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -3 PM 3:25

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