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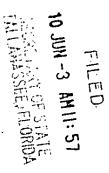
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
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S. HAWKES

JUN 0 4 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Co		:	
SUBJI	ГСТ•	CFK Cardiac	: Technologies, LLC	
SUBJ	<u></u>		ted Liability Company	
The en	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Dale Clark	
			Name of Person	
		CFK C	Cardiac Technologies, LLC	
			Firm/Company	
		250	NW 76th Drive, Suite B3	
			Address	
		Gai	nesville, Florida 32607	
		· · · · ·	City/State and Zip Code	
		dale@cf	kcardiactechnologiesllc.com	(C)
			to be used for future annual report notifica	uion)
For fu	rther information of	concerning this matter, please of	all:	
		Dale Clark	at (352) 6	65-1209
	Name o	of Person	Area Code & Daytime	Celephone Number
Enclos	sed is a check for t	he following amount:		
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

CFK	Cardiac Ted	chnologies, LL	.C	
(Name of the Limite)	d <mark>Liability Compa</mark> A Florida Limited I	ny as it now appears liability Company)	on our records.)	
·		,, ,	ا محاسد	
The Articles of Organization for this Limited L	iability Company	were filed on	10/10/2005 🖔	and assigned
Florida document numberL0500009	99952		7	気がら
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the fol	lowing:			30 5
	_			
A. If amending name, enter the new name of	of the limited liab	oility company here	:	37
			· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli-	cable:	CFK Cardiac	Technologies, LL	C
(Principal office address MUST BE A STREE	ET ADDRESS)	250 NW 76th	Drive, Suite B3	
		Gainesville, F	lorida 32607	
Enter new mailing address, if applicable:		CFK Cardiac	Technologies, LL	C
(Mailing address MAY BE A POST OFFICE BOX)		250 NW 76th	Drive, Suite B3	
		Gainesville, F	lorida 32607	
B. If amending the registered agent and			ur records, <u>enter t</u> l	he name of the nev
registered agent and/or the new registered of	ffice address her	<u>e</u> :		
	D . O			
Name of New Registered Agent:	Dale Clark			
New Registered Office Address:	250 NW 76	th Drive, Suite B	3	
		Ente	er Florida street addi	ress
	(Gainesville	, Florida	32607
		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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

2	<u>Name</u>	Address	Type of Action
			Add
			Remove
	 		Remove.
			Add
			Remove
			∏ Add
			Remove
			AddRemove
			Add
			Remove
famend	ling any other information, ent	er change(s) here: (Attach additional sheets, if nec	essary.)
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			,
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al .	June 11	, <u>2010</u> .	
a		\sim 1 (1 1	
u	,	Jale Clark	<u></u>
d	Signature of	a member or authorized representative of a member Dale Clark	

Page 2 of 2

Filing Fee: \$25.00