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EXAMINER

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SECRETARY OF STATE

COVER LETTER

Division of Cor	porations		
SURJECT: MEDFI	NA OF NORTH AME	ERICA, LLC	a
		ited Liability Company)	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ANTHONY J. LIVINGST	ON, ESQUIRE	
		(Name of Person)	
	THE PLANTE LAW GRO	OUP, PLC	
		(Firm/Company)	
	806 NORTH ARMENIA	VENUE	
		(Address)	
	TAMPA, FLORIDA 33609		
		(City/State and Zip Code)	
For further information of	oncerning this matter, please c	all:	
ANTHONY J. LIVINGS		at (813) 875-5297	-laban Marka
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
2 \$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (sidditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

MEDFINA OF NORTH AMERIC (Name of the Limite		ny as it now appears on diability Company)	our records.)		
The Articles of Organization for this Limited I	iability Company	were filed on NOVEMI	BER 14, 2005	and assi	gned
Florida document number L05000109866	·				
•					
This amendment is submitted to amend the fol	lowing:				
	_				
A. If amending name, enter the new name	of the limited had	inty company nere:			
The new name must be distinguishable and end w	Tall all # 147 in 5	and Linkille, Common, 7	ele desimonio UT	I C'' ea tha al	inti
The new name must be distinguishable and end w "L.L.C."	nun the words "Limi	ted Liability Company,	the designation L	LC or the at	JUICVIALIC
Enter new principal offices address, if applicable:		MEDFINA OF NORTH AMERICA, LLC			
(Principal office address MUST BE A STRE		7085 SOUTH SHOE DRIVE			
		ST. PETERSBURG,	FL 33707		
Enter new mailing address, if applicable:		MEDFINA OF NORTH AMERICA, LLC			
(Mailing address MAY BE A POST OFFICE	E BOX)	7085 SOUTH SHOE DRIVE			
		ST. PETERSBURG, FL 33707			
			_	_	
B. If amending the registered agent and registered agent and/or the new registered			records, <u>enter t</u>	he name of	the ne
TORRESCHI AND THE NEW 1 SQUARE OF		-			
Name of New Registered Agent:	MICHAEL MO	LLOY			
	7005 COLITI	SHOE DRIVE		9.5 SE(
New Registered Office Address:	7000 300111		Florida street dat	Tress)	
		,	A O	₹ ?	
ST. PETERSE		(City)	, Florida 🕰	C (7) Code	
New Registered Agent's Signature, if changing	Danistand Airents		<u></u>	(2)	ווע ריין
Men Resident a Ment a Manature in Changing	Registered Apent.	•	OR:)	
I hereby accept the appointment as register	ed agent and agr	ee to act in this capac	ity. I further 📆	Pee to Comp	ly with
the provisions of all statutes relative to the	proper and comp	lete performance of m	y duties, and I d	ım familiar	with and
accept the obligations of my position as reg being filed to merely reflect a change in the					

company has been notified in writing of this change.

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MICHAEL MOLLOY	MICHAEL MOLLOY 7085 SQUTH SHOE DRIVE ST. PETERSBURG, FL. 33707	Add Remove
MGR	REBECCA H. BRADLEY	REBECCA H. BRADLEY 7957 IDLEWILD LANE LARGO, FL 33777	Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove
D. If amer	ading any other information, enter ch	nange(s) bere: (Attach additional sheets, if necessar)	v.)
 Dated	xt292006.		···········
	Nichal D. Mo	mber of authorized representative of a member	9 APR 27 SECKLIAN TALLAHAS
	Michael J	ped or printed name of signee Page 2 of 2	H € L
		Filing Fee: \$25.00	LOR STA