

LOG 0000038384

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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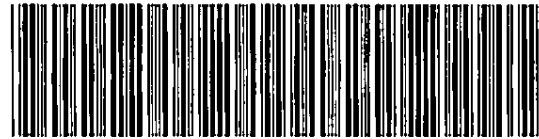
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 APR -8 PM 6:42  
TALLAHASSEE, FLORIDA



# *Moran, Sanchy & Associates*

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(941) 954-7101 (FACSIMILE)

\*ALSO ADMITTED IN CONNECTICUT

April 5, 2019

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

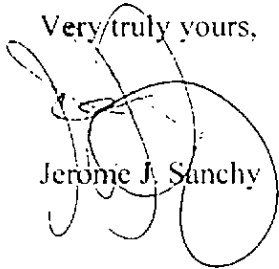
**Re: STAT Medical Systems, L.L.C., a Florida limited liability company**

Ladies and Gentlemen:

Enclosed please find original Articles of Amendment to Articles of Organization, together with our firm check in the amount of \$25.00 in payment of the filing fee for same.

If you have any questions, please feel free to contact me.

Very truly yours,

  
Jerome J. Sanchy

Enclosures  
cc: STAT Medical Systems, L.L.C.  
JJS/va

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STAT Medical Systems, L.L.C.

\_\_\_\_\_  
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:

Jerome J. Sanchy, Esq.

\_\_\_\_\_  
Name of Person

Moran, Sanchy & Associates

\_\_\_\_\_  
Firm/Company

1800 Second Street, Suite 830

\_\_\_\_\_  
Address

Sarasota, FL 34236

\_\_\_\_\_  
City/State and Zip Code

jpl1972@verizon.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome J. Sanchy

941

366-1800

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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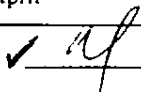
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April \_\_\_\_\_, 2019

✓ 

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Basil G. Mays

\_\_\_\_\_  
Typed or printed name of signee