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T. HAMPTON

JUN 2 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Nu Vue MES	ICAL LIC ted Liability Company	
	Name of Limit	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Name of Person	
	MORNE	Name of Person	
•		Sours LCC Firm/Company	,
	<u>499 E.C.</u>	Address Address	205
	BLIMMUTE (Spen65, FL 32713 City/State and Zip Code	2
	Foxe Me E-mail address: (to	o be used for future annual report notifica	tion)
For further information	concerning this matter, please ca	ail:	
Name	of Person	at (162) 339-771 Area Code & Daytime T	Pelephone 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

Nu Vik Mesical LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on _&	June 26, 2006 and assigned
Florida document number <u>LOLDODOL 4127</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company ho	ere:
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
"L.L.C."	DIVIES S
Enter new principal offices address, if applicable:	15.00 I
(Principal office address MUST BE A STREET ADDRESS)	2 PAF
	6 CRY E
	PH 12:
Enter new mailing address, if applicable:	2: C
(Mailing address MAY BE A POST OFFICE BOX)	7 8
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:	
New Registered Office Address:	
E	nter Florida street address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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>	Address	Type of Action
<u>INGEM</u>	MOBILE SONIX LLC	499 E. CENTRAL PRINT STE 205 ALTONOWTE SPRINKS, FE 32701	Add Remove
<u> nc:em</u>	MICHAEL W. FOX	499 E. CENTRAL PRINCI STE. 205 ALTAMONTE SARINGS, FC 3270	Add Remove
<u> ncæn</u>	JENNIFER V. FOX	499 E. CENTRAL PRINCIP SE. 505 ACTAMONE JORINIS, FL 3276	Add Remove
			Add Remove
			Add Remove
***			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	_ 0
			SECRETAR IVISION OF C
			Y OF STATE OR PORATION
Dated	Print 10 , 200	<u>09</u> .	~~ ₹
	Lenvirer.		
	Typeo	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00