

L06000093759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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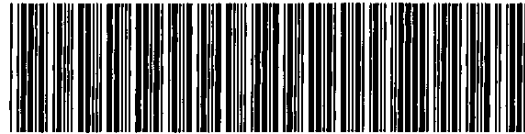
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAION MEDICAL LLC  
(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:

GRENNETT SERVICE  
(Name of Person)  
PAION MEDICAL LLC  
(Firm/Company)  
1321 SELBYDON WAY  
(Address)  
WINTER GARDEN FLORIDA 34787  
(City/State and Zip Code)

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For further information concerning this matter, please call:

GRENNETT SERVICE at (407) 230-1123  
(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

HERMES MEDICAL LLC

(Present Name)  
(A Florida Limited Liability Company)

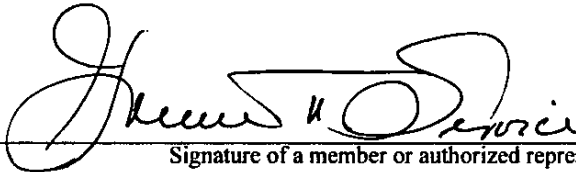
FIRST: The Articles of Organization were filed on 9-25-2006 and assigned  
document number LD6000093759

SECOND: This amendment is submitted to amend the following:

PAION MEDICAL LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Dated FEBRUARY 23, 2007



Signature of a member or authorized representative of a member

GRENNETT SERVICE

Typed or printed name of signee

Filing Fee: \$25.00