

**L070000001455**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

49516

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000221610 3)))



H110002216103ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**L. SELLERS**

SEP -9 2011

**EXAMINER**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CARDIOVASCULAR SUPPORT SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

11 SEP -8 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDARECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP -8 AM 10:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H11000221610

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARDIOVASCULAR SUPPORT SYSTEMS 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:

**MAX A. ADAMS**

Name of Person

**THE MEDILAW FIRM**

Firm/Company

**2100 PONCE DE LEON BLVD, STE. 1000**

Address

**CORAL GABLES, FLORIDA 33134**

City/State and Zip Code

**info@themedilawfirm.com**

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

For further information concerning this matter, please call:

**Angela M. Perez**

Name of Person

at ( 305 )

**444-3484**

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

H11000221610

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CARDIOVASCULAR SUPPORT SYSTEMS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/04/2007 and assigned Florida document number L07000001455.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10800 BLUE PALM STREET  
PLANTATION, FLORIDA 33322

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10800 BLUE PALM STREET  
PLANTATION, FLORIDA 33322

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:

THE MEDILAW FIRM

New Registered Office Address:

2100 PONCE DE LEON BLVD, STE. 1000

*Enter Florida street address*

CORAL GABLES

*City*

Florida

33134

*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.

Max A. ...  
*(Signature of New Registered Agent)*

FILED

14 SEP -8 AM 10:22

H 11000661610

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated SEPTEMBER 8, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Molly Lebo  
 \_\_\_\_\_  
 Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H 11000271610