

L070000018257

Florida Department of State
Division of Corporations
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L. SELLERS

SEP 23 2008

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

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

COMPLETE MEDSOURCE, LLC

Certificate of Status	0
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H09000220104

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

COMPLETE MEDSOURCE, LLC.
(PRESENT NAME)
(A FLORIDA LIMITED LIABILITY COMPANY)

L07000018257

FIRST: The date of filing of the articles of organization was: February 16th, 2007

SECOND: The following Amendermnt(s) to the articles of organization was/were adopted by the Limited Liability Company:

(Please name the Article number and how you would like to modify the article. Do not forget to give the addresses for new members)

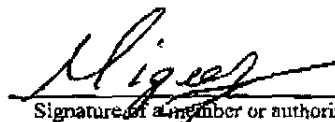
Article III

Delete: Jose Zafra of 2854 Stirling Road, Suite Q, Hollywood, Fl. 33020
Add: Miguel Morejon of 2854 Stirling Road, Suite Q, Hollywood, Fl.33020

Article V

Delete: Jose Zafra of 2854 Stirling Road, Suite Q, Hollywood, Fl. 33020
Add: Miguel Morejon of 2854 Stirling Road, Suite Q, Hollywood, Fl.33020

DATED: September 19th, 2008



Signature of a member or authorized representative of a member

Miguel Morejon

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

COMPLETE MEDSOURCE, LLC

(PRESENT NAME)

2854 STIRLING ROAD STE Q

HOLLYWOOD FL. 33020

(ADDRESS)

L07000018257

(DOCUMENT NUMBER)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN
THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO
COMPLY WITH ALL PROVISIONS OF ALL STATUTES RELATING TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


REGISTERED AGENT SIGNATURE

Miguel Morejon
Printed Name

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