

L07 0000 36918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 30 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2011

AL MESA  
1234 S DIXIE HWY, #324  
CORAL GABLES, FL 33146

SUBJECT: JSW MEDICAL AND EQUIPMENT CONSULTING, LLC  
Ref. Number: L07000036918

We have received your document for JSW MEDICAL AND EQUIPMENT CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 111A00027979

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 28 AM 11:04

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2011

AL MESA  
1234 S DIXIE HWY, #324  
CORAL GABLES, FL 33146

SUBJECT: JSW MEDICAL AND EQUIPMENT CONSULTING, LLC  
Ref. Number: L07000036918

We have received your document for JSW MEDICAL AND EQUIPMENT CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 011A00023004

2011 DEC 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JSW MEDICAL & EQUIPMENT CONSULTING 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:

AL MESA

Name of Person

JSW MEDICAL & EQUIPMENT CONSULTING LLC

Firm/Company

1234 S DIXIE HWY, #324

Address

CORAL GABLES, FL 33143

City/State and Zip Code

AL@GROVERX.US

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

For further information concerning this matter, please call:

AL MESA

Name of Person

at ( 305 )

662-4477

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

2011 DEC 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**JSW MEDICAL & EQUIPMENT CONSULTING 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 04/09/2007 and assigned  
Florida document number L07000036918.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

*Enter Florida street address*

Florida

City

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

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

Title	Name	Address	Type of Action
MGRM	ALFREDO MESA	1234 S DIXIE HWY, #324 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHAEL WEISBEIN MD	1234 S DIXIE HWY, #324 CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEPHANIE WEISBEIN	1234 S DIXIE HWY, #324 CORAL GABLES, FL 33146	<input checked="" 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

12/27/2011

Signature of a member or authorized representative of a member

RAYMOND WEISBEIN

Typed or printed name of signee

2011 DEC 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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