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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	•
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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

FEB 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Con		•						
SURJECT: SURGI	CAL INSTRUMENT	TRANSPORT, LLC						
JOBALETT	SUBJECT: SURGICAL INSTRUMENT TRANSPORT, LLC (Name of Limited Liability Company)							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspondence concerning this matter to the following:								
	BRIDGET MARTIN							
		(Name of Person)						
	SURGICAL INSTRUME	NT TRANSPORT, LLC						
		(Firm/Company)	•					
	3245 SOUTH ATLANTIC	AVE UNIT 1102						
		(Address)	· · · · · · · · · · · · · · · · · · ·					
DAYTONA BEACH, FLORIDA 32118								
(City/State and Zip Code)								
For further information of	oncerning this matter, please c	all:						
BRIDGET MARTIN		at (_706) 3461421						
		(Area Code & Dayt	ime Telephone Number)					
Enclosed is a check for the	ne following amount:		•					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	☑\$60.00 Filing Fee, Certificate of Status &					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 FEB -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 30, 2009

BRIDGET MARTIN 3245 S ATLANTIC AVE UNIT 1102 DAYTONA BEACH, FL 32118

SUBJECT: SURGICAL INSTRUMENT TRANSPORT L.L.C.

Ref. Number: L07000125628

We have received your document for SURGICAL INSTRUMENT TRANSPORT L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 809A00003470

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURGICAL INSTRUMENT TRANSPORT, LLC (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LOFOOIZ5</u> .62	were filed on 4/2009 12/18/2007 a	nd assig	ned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
BRIDGET D. MARTIN MSN, FNP-C, LLC	•			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC"	or the abl	breviation	
Enter new principal offices address, if applicable:	3245 SOUTH ATLANTIC AVE UNIT 1102			
(Principal office address MUST BE A STREET ADDRESS)	DAYTONA BEACH, FLORIDA 32118		9	
		99 F	SEV	
		8	器	
F-4	•	19	PARE CAR	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>P</u>		
		<u> </u>	<u>≥₽</u>	
		=	SAC	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ame of	the new	
•				
Name of New Registered Agent:				
New Registered Office Address:				
(Enter Florida street address)				
	, Florida		 	
	(City) (7)	in Code	ı	

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 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 = Ma MGRM = N	onager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	**************************************		Add Remove
			Add Remove
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	, <u></u>
			FILED STATE SECRETARY OF STATE OF CORPORATION OF CORPORATION OPFEB -9 AMIO: 31
Dated	Engler	State	- NS
	BRIDGET D. MARTIN	r or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00