

5/7/2019

Division of Corporations

LO7000125797

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H190001508213)))



H190001508213ABC.

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To:

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

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : 120020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

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

Email Address: _____

2019 MAY -7 AM 8:40

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VENBIZ MEDICAL EQUIPMENT, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

40:11:37 5/7/2019

Electronic Filing Menu

Corporate Filing Menu

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(((H19000150821 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: VENBIZ MEDICAL EQUIPMENT, LLC.**_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM MARTIN

Name of Person

VENBIZ MEDICAL EQUIPMENT, LLC

Firm/Company

10620 GRIFFIN ROAD STE 207

Address

COOPER CITY, FL 33328

City/State and Zip Code_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

WILLIAM MARTIN

954

252-6315

at ()

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
2901 Executive Center Circle
Tallahassee, FL 32301

(((H19000150821 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENBIZ MEDICAL EQUIPMENT, LLC

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

FILED
MAY - 7 AM 8:10
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/19/2007 and assigned
Florida document number 1.07600125797.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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

(((H19000150821 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTIN, AGUSTIN	10620 GRIFFIN ROAD	<input type="checkbox"/> Add
		STE 207	<input checked="" type="checkbox"/> Remove
		COOPER CITY, FL 33328	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

WILLIAM MARTIN

Typed or printed name of signee

FILED
2019 MAY -7 AM 8:40
TALLAHASSEE, FL