

**L08000005378**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

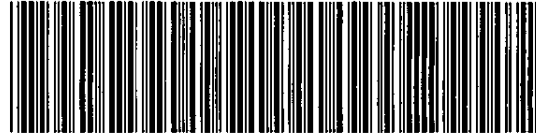
\_\_\_\_\_  
(Document Number)

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2009 AUG 24 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 25 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pariox 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:

Jon Claessens

Name of Person

Pariox LLC

Firm/Company

770 Keeneland Pike

Address

Lake Mary FL 32746

City/State and Zip Code

jon@certamed.com

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

For further information concerning this matter, please call:

Judith Naegely

Name of Person

at ( 407 )

323 7877

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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2009 AUG 24 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pariox 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 January 16, 2008 and assigned  
Florida document number L08000005378.

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: 770 Keeneland Pike  
(Principal office address MUST BE A STREET ADDRESS) Lake Mary FL 32746

Enter new mailing address, if applicable: 770 Keeneland Pike  
(Mailing address MAY BE A POST OFFICE BOX) Lake Mary FL 32746

**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: Unchanged

New Registered Office Address: 770 Keeneland Pike

Enter Florida street address

Lake Mary, Florida 32746

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.*

Jon Claessens  
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:

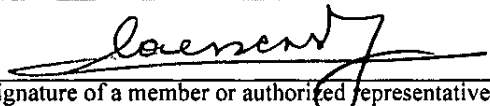
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Judith Naegely	770 Keeneland Pike	<input checked="" type="checkbox"/> Add
		Lake Mary FL 32746	<input type="checkbox"/> Remove
MGRM	Jon Claessens	770 Keeneland Pike	<input checked="" type="checkbox"/> Add
		Lake Mary FL 32746	<input type="checkbox"/> Remove
MGRM	PAGE12, INC	1270 TROPIC PARK DRIVE SANFORD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	CERTAMED MEDICAL STAFFING LLC	770 KEENELAND PIKE FL 32746	<input type="checkbox"/> Add
			<input checked="" 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 August 19, 2009

  
Signature of a member or authorized representative of a member

Jon Claessens  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA