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(Requestor's Name)

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☐ PICK-UP

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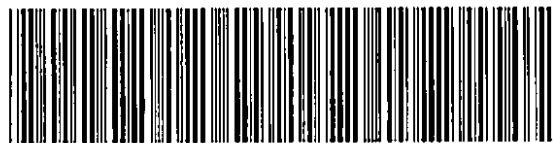
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



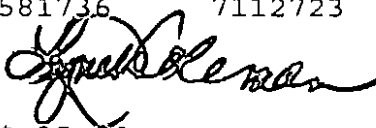
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2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 581736 7112723
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 15, 2019
ORDER TIME : 9:22 AM
ORDER NO. : 581736-005
CUSTOMER NO: 7112723

DOMESTIC AMENDMENT FILING

NAME: WEST INTERNATIONAL MEDICAL
SUPPLIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEST INTERNATIONAL MEDICAL SUPPLIES, 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:

Jeanine Shen and Christine Koh

Name of Person

International SOS

Firm/Company

23610 N 20th Drive Suite #10

Address

Phoenix, AZ 85085

City/State and Zip Code

Christine.Koh@internationalsos.com jeanine.shen@medaire.com

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

For further information concerning this matter, please call:

Christine Koh and Jeanine Shen

480 318-6259

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
2661 Executive Center Circle
Tallahassee, FL 32301

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

WEST INTERNATIONAL MEDICAL SUPPLIES, 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 Feb 28, 2008 and assigned
Florida document number L08000021223

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4360 Oakes Road, Suite 613

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL 33314

Enter new mailing address, if applicable:

23610 N 20th Drive Suite #10

(Mailing address MAY BE A POST OFFICE BOX)

Phoenix, AZ 85085

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

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

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	Christo Jaco Von Elling	4360 Oakes Road, Suite 613	☒ Add
		Davie, FL 33314	☐ Remove
			☐ Change
MGR	Joseph M. Imburgio	4360 Oakes Road, Suite 613	☒ Add
		Davie, FL 33314	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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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

Laurent Sabourin

Typed or printed name of signee