

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 08 SEP 24 AM 8: 21

SECRETARY OF STATEON DIVISION OF CORPORATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

APNEA SOLUTIONS L.L.C.

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		SOLUTIONS L.L.C.				
(N:	ame of the Limited Liability (A Florida L	Company as it now appea mited Liability Company)	urs on our records.)			
The Articles of Organization Florida document number		mpany were filed on	JUNE 24, 2008	and assigned	٠	
This amendment is submitted	to amend the following:					
A. If amending name, enter	r the new name of the himit	ed liability company he	re:			
The new name must be distingu	ishable and and with the word	s "Limited Liability Comp	any," the designation "I	LLC" or the abbreviat	_ úon	
Enter new principal offices	address, if applicable:			_: •	_	
(Principal office address MI	IST BE A STREET ADDRI	ESS)		0	-≅∵	
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Enter new mailing address,	if applicable:			24	유쥬.	
(Mailing address MAY BE A				2>	-837	
					<u>-중국</u>	
					-⊼:00 >>=	
B. If amending the regist registered agent and/or the	tered agent and/or registe new registered office addre		our records, <u>enter (</u>	the pame of the p	eW	
	• ,	,		,		
Name of New Regis	ntered Agent:			***	_	
New Registered Off	Sce 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)

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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:

Title <u>Name</u> Address Type of Action MGR RAFAEL GALLARDO 14783 SW 132 AVE. Add Remove MIAMI, FL 33188 ALEXANDER JOUBERT MGR 14783 SW 132 AVE Add MIAMI FL 33186 Remove 7 Add Remove Add Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 23 Dated Signature of a member or authorized representative of a member EDUARDO FERNANDEZ Typed or printed name of signet

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MGR = Manager

MGRM = Managing Member