L08000105756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

PEDRO IRIZARRY
2000 SUNSET TERR DR
ORLANDO, FL 32825

SUBJECT: MHED(MODULAR HEALTHCARE ENGINEERING DESIGNS), LLC
Ref. Number: L08000105356

We have received your document for MHED(MODULAR HEALTHCARE ENGINEERING DESIGNS), LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00008348

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MHED (Modular Healthcare Engineering Designs), 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:

Pedro A. Irizarry
Name of Person

MHED LLC
Firm/Company

2000 Sunset Terrace Dr,
Address

Orlando, FL 32825
City/State and Zip Code

pedro@mhedllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro A. Irizarry at (407) 493-2723
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

MHED (Modular Healthcare Engineering Designs), 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 11/10/2008 and assigned Florida document number L08000105356.

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: 2000 Sunset Terrace Dr, Orlando FL 32825

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2000 Sunset Terrace Dr, Orlando FL 32825

(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: Pedro A. Irizarry

New Registered Office Address: 2000 Sunset Terrace Dr,
Enter Florida street address

Orlando, , **Florida** 32825
City *Zip Code*

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TALLAHASSEE, FLORIDA
2009 MAY -7 PM 1:56

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
Mr	Jaime E. Irizarry	250 Waterside Dr	☐ Add
		Indian Harbour Beach, FL 32937	■ Remove
Mr	Carlos A. Irizarry	572 Lee Ave	☐ Add
		Satelitte Beach, FL 32937	■ Remove
Mr	Pedro A. Irizarry	2000 Sunset Terrace Dr,	■ Add
		Orlando, FL 32825	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 5, 2015.

Signature of a member or authorized representative of a member

Pedro A. Irizarry

Typed or printed name of signee

Filing Fee: $25.00

15 MAY -7 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA