## L09000012135

| (Requestor's Name)       | · · <u>- · ·</u>                                   |
|--------------------------|--|
| (Address)                |  |
| (Address)                |  |
| (City/State/Zip/Phone #) |  |
| UP WAIT                  | MAIL   |
| (Business Entity Name)   |  |
| (Document Number)        |  |
| Certificates of Status   |  |
|                          | (Address)  (Address)  (City/State/Zip/Phone #)  UP |

Special Instructions to Filing Officer:

A. LUNT

JAN 26 2011

EXAMINER

Office Use Only



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01/25/12--01010--026 \*\*25.00



## **COVER LETTER**

| TO: Registration Division of C |   |  |  |
|--------------------------------|---|--|--|
| SUBJECT:                       | Quality Me  | dical Products, LLC  |  |
|                                |   | nited Liability Company  | <del></del>  |
| The enclosed Articles          | of Amendment and fee(s) are su  | bmitted for filing.  |  |
| Please return all corres       | pondence concerning this matte  | er to the following:   |  |
|                                |   | Jordan Soblick   |  |
|                                |   | Name of Person   |  |
|                                | Qua   | lity Medical Products, LLC   |  |
|                                |   | Firm/Company   |  |
|                                | 51  | 80 W Atlantic Ave #105   | 2012 JAH 25  |
|                                |   | Address  | HAN 2  |
|                                | n   | elray Beach, FL 33484  |  |
|                                |   | City/State and Zip Code  |  |
|                                | jordan@   | qualitymedicalproductsllc.con  | n SIA 20   |
|                                | E-mail address:   | (to be used for future annual report notifica-                           | ation)   |
| For further information        | concerning this matter, please  | call:  |  |
| J                              | ordan Soblick   | at ( 561 ) 7   | 71-0042  |
| Name                           | e 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) |
| Regi:<br>Divis<br>P.O.         | LING ADDRESS:<br>stration Section<br>sion of Corporations<br>Box 6327 | STREET/COURIE Registration Section Division of Corporat Clifton Building | ions   |
| <b>∖</b> Talla                 | hassee, FL 32314  | 2661 Executive Cent  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Qu  | ality Medical Products, LL   | С                        |                          |
|---|--|--------------------------|--------------------------|
| (Name of the Limite   | d Liability Company as it now appear<br>A Florida Limited Liability Company) | 's on our records.)      |                          |
| The Articles of Organization for this Limited   | Liability Company were filed on  | 2/5/2009                 | and assigned             |
| Florida document numberL090000  | 12135  |                          |                          |
| This amendment is submitted to amend the fo   | llowing:   | •                        |                          |
| A. If amending name, enter the new name   | of the limited liability company her   | <u>e</u> :               |                          |
| The new name must be distinguishable and end w "L.L.C."                               | rith the words "Limited Liability Compa                                      | ny," the designation "   | LLC" or the abbreviation |
| Enter new principal offices address, if appli   | cable:   |                          | A 20                     |
| (Principal office address MUST BE A STRE  | ET ADDRESS)  |                          | <b>7</b> % <b>2</b>      |
|   |  |                          | 30 × 1                   |
|   |  |                          | 8 5 F                    |
| Enter new mailing address, if applicable:   | <del>.</del>   |                          |                          |
| (Mailing address MAY BE A POST OFFICE   | <u> BOX)</u>   |                          | 35 <b>W</b> D            |
|   |  | ,                        | 5                        |
| B. If amending the registered agent and registered agent and/or the new registered of |  | ur records, <u>enter</u> | the name of the new      |
| Name of New Registered Agent:   | Jordan Soblick   |                          |                          |
| New Registered Office Address:  | 5180 W Atlantic Ave #105   |                          |                          |
|   | Ent  | er Florida street add    | dress                    |
|   | Delray Beach   | , Florida                | 33484                    |
|   | 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

Page 1 of 2

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:

| $MGR = M_1$<br>MGRM = 1 | anager<br>Managing Member     |  |                |
|-------------------------|-------------------------------|--|----------------|
| <u>Title</u>            | <u>Name</u>                   | Address  | Type of Action |
|                         |                               |  | Domasia        |
|                         |                               |  | □ Domosio      |
| <del></del>             |                               |  |                |
| <del></del>             |                               |  |                |
|                         |                               |  |                |
|                         |                               |  | Rentrove       |
| D. If amen<br>—         | ding any other information, e | nter change(s) here: (Attach additional shee   |                |
| _                       |                               |  |                |
| <br>Dated               | January 20th                  | _,   |                |
|                         | Signature of                  | Jordan Soblick Typed or printed name of signee | mber           |
|                         |                               | Page 2 of 2                                    |                |

Filing Fee: \$25.00