

L09000020465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

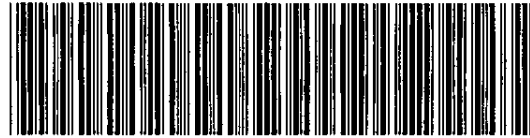
(Business Entity Name)

(Document Number)

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2013 AUG 19 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 23 2013

J. BRYAN

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **T3 Medical Services, 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:

**Debby Porazzi**

Name of Person

**T3 Collect, LLC**

Firm/Company

**PO Box 2376**

Address

**Clearwater, FL 33757**

City/State and Zip Code

**dporazzi@t3collect.com**

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

For further information concerning this matter, please call:

**Debby Porazzi**

Name of Person

at **(727) 216-6230**

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

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2013 AUG 19 AM 11:30  
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TALLAHASSEE, FLORIDA

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

T3 Medical Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 2, 2009 and assigned  
Florida document number 09000020465

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

T3 Collect, LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

600 Cleveland Street

Suite 710

Clearwater, Florida 33755

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 2376

Clearwater, Florida 33757

**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:

600 Cleveland Street Suite 710

*Enter Florida street address*

Clearwater

*City*

, Florida 33755

*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**

**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>
MGR	Monaco7 Investments, Inc.	3165 McMullen Booth Road	<input type="checkbox"/> Add
		Building B	<input checked="" type="checkbox"/> Remove
		Clearwater, FL 33761	
MGR	Monaco11 Investments, Inc.	597 Main Street	<input type="checkbox"/> Add
		Dunedin, FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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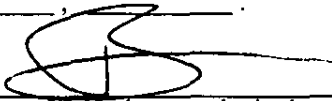
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **August 13**

**2013**



Signature of a member or authorized representative of a member

**Bradley M. Meinck, MGMR**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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