

L09000020502

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(City/State/Zip/Phone #)

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EXAMINER



400161691754

10/19/09--01012--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 19 PM 4:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMMED SURGICAL EQUIPMENT 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:

BARRY M. SNYDER

Name of Person

AMMED SURGICAL EQUIPMENT LLC

Firm/Company

3801 CORPOREX PARK DR., SUITE 120

Address

TAMPA, FL 33619

City/State and Zip Code

AMMEDSURGICALEQUIPMENT@VERIZON.NET

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

For further information concerning this matter, please call:

BARRY M. SNYDER

Name of Person

at (315)

778-9149

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**

AMMED SURGICAL EQUIPMENT 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 MARCH 2, 2009 and assigned
Florida document number L09000020502.

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:

(Principal office address MUST BE A STREET ADDRESS)

3801 CORPOREX PARK DR.

SUITE 120

TAMPA, FL. 33619 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3801 CORPOREX PARK DR.

SUITE 120

TAMPA, FL. 33619 US

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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:

BARRY M. SNYDER

New Registered Office Address:

2634 BROOKVILLE DR.

Enter Florida street address

VALRICO

Florida

33596

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

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:

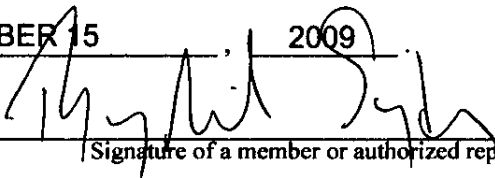
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARRY M. SNYDER	1323 MORRIS AVE. ORLANDO, FL 32803 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CLARENCE J. SNYDER	115 CHRISTINE CT. SUDLERSVILLE, FL 21668 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BARRY M. SNYDER	2634 BROOKVILLE DR. VALRICO, FL 33596 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CLARENCE J. SNYDER III	119 GOINS DR. SEFFNER, FL 33584 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated OCTOBER 15, 2009



Signature of a member or authorized representative of a member

BARRY M. SNYDER

Typed or printed name of signee