L09000027414

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

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T. HAMPYOU

COVER LETTER

	tration Section of Corp		•	
ŞUBJECT: _	ADKD ME	DICAL DESIGN AND MAN	UFACTURING, LLC.	
your Lett		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspon	ndence concerning this matter	to the following:	
		DANIEL FERNANDEZ		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		FERNANDEZ SARDINA	S & ASSOCIATES, P.A.	
			Firm/Company	
		250 CATALONIA AVEN	UE, SUITE 600	
			Address	
		CORAL GABLES, FL 331	134	
		/ <u> </u>	City/State and Zip Code	
		DANIELFERNANDEZCPA	-	
		E-mail address: (to be used for future annual report noti	lication)
For further info	rmation co	ncerning this matter, please ca	ali:	
DANIEL FERI	NANDEZ		305 392-1350	
at () Name of Person Area Code Daytime Telephone Number				Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Filit	ng 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

15 JUL 13 PM 2: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MDKD MEDICAL DESIGN AND MANUFACTURING, 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 03/20/2009 and assigned Florida document number _____L09000027414 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OPTIMUM MEDICAL DESIGN, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." C/O FS&A 250 CATALONIA AVENUE Enter new principal offices address, if applicable: SUITE 600 (Principal office address MUST BE A STREET ADDRESS) CORAL GABLES, FL 33134 C/O FS&A 250 CATALONIA AVENUE Enter new mailing address, if applicable: SUITE 600 (Mailing address MAY BE A POST OFFICE BOX) CORAL GABLES, FL 33134 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ZULAICA, HOMER	1911 NW 150 AVE STE 201	□ Add
		PEMBROKE PINES, FL 33028	■ Remove
			Change
MGR	CADET, CARLOS M	C/O FS&A 250 CATALONIA AVE	■ Add
		SUITE 600	□ Remove
		CORAL GABLES, FL 33134	□ Change
MGR	RAGGIO, CLAUDIA	C/O FS&A 250 CATALONIA AVE	= Add
		SUITE 600	□ Remove
		CORAL GABLES, FL 33134	Change
			🗆 Remove
			☐ Change
			SECRETARY OF STAFF
			Remove
			Change

D. If amen	•	, enter change(s) here: (Attach additional sheets, if	• •
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Note: If	the date inserted in this block d	pecific and cannot be prior to date of filing or more than 90 days loes not meet the applicable statutory filing requirements ment of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(s, this date will not be listed as the
	rd specifies a delayed effo Oth day after the record i	ective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of:
Dated	UNE 19	2015	
	fland Fly		15 SE
	Signa	ature of a member or authorized representative of a member	ARE L
	DANIEL FERNANDEZ	Typed or printed name of signee	SS 3
			PP PP V
			2: 2 STAT

Filing Fee: \$25.00