

LU90VUU 34956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

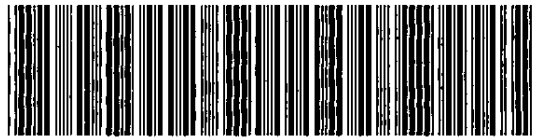
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300163759633

04/12/10--01021--026 **60.00

B. KOHR

APR 14 2010

EXAMINER

FILED
TREASURY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 AM 8:28

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PBZ MEDICAL 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:

BRET M BERRY

Name of Person

LOSAJASO LLC

Firm/Company

979 PARK VIEW DRIVE

Address

TALLAHASSEE FL 32311

City/State and Zip Code

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

For further information concerning this matter, please call:

BRET M BERRY

Name of Person

at (801)

718-7467

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

FILED
DIVISION OF CORPORATIONS
10 APR 12 AM 8:28

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

PBZ MEDICAL LLC

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 AM 8:28

The Articles of Organization for this Limited Liability Company were filed on APRIL 10, 2009 and assigned
Florida document number L09000034956.

This amendment is submitted to amend the following:

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

PBZB MEDICAL 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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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:

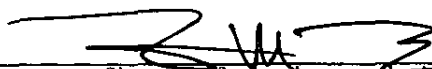
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adam Pike Pike Industries	313 Pheasant Ridge Cir. Bountiful, UT 84010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Arthromedica	6310 South 900 East Salt Lake City, UT 84121	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Losajaso LLC	979 Ark View Dr Tallahassee FL 32311	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 18 March, 2010.



Signature of a member or authorized representative of a member

BRET M BERRY, as Registered Agent for LOSAJASO LLC, MGRM

Typed or printed name of signee



JOHN S. BRADLEY
jsb@pkhlawyers.com

PARSONS KINGHORN HARRIS
A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW
111 East Broadway, 11th Floor
Salt Lake City, Utah 84111
Phone 801 363 4300
Fax 801 363 4378
www.pkhlawyers.com

March 16, 2010

Via Email Only: bret_rms@yahoo.com

Bret M. Berry

Re: Articles of Amendment to Articles of Organization of PBZ MEDICAL, LLC

Dear Bret:

Please find attached to this letter the form to be filed as required by the State of Florida in order to amend the name of the above referenced LLC. It is my understanding that no other changes, other than the name, are to be made and therefore, you will need to check the appropriate filing fee. Each fee is dependent on your personal preference. You can choose to simply file the attached form, file the form and receive a *Certificate of Status*, file the form and receive a *Certified Copy* of the attached form, and/or file the form and receive a copy of both the *Certificate of Status* as well as a *Certified Copy*. My recommendation is that you at least receive a *Certified Copy* of the attached form in order that you have it just in case you ever have to refer to it in the future for whatever reason.

If I have understood your instructions correctly, please date and sign the form at the bottom of page 2 right above your typed name. You may then choose to file the *Cover Letter*, together with the *Articles of Amendment* either by mail or in person, at the applicable address listed at the bottom of the cover letter. Please remember to provide an extra copy of the attached if you choose to receive a *Certified Copy*.

If you have any questions concerning the attached or if additional changes to the LLC are required, please do not hesitate to contact me. Please note that I will be out of the office from March 17th returning on March 29th. Thank you.

Cordially,

PARSONS KINGHORN HARRIS
A Professional Corporation

John S. Bradley

JSB/jld
Attachments
F:\WDOX\CLIENTS\22736\02\00090989.WPD

00090989.WPD /