

L090000035776

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000127486 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANANDA MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
11 MAY -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

MAY 10 2010

EXAMINER

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Corporate Filing Menu

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COVER LETTER

H11000127486

TO: Registration Section
Division of Corporations

SUBJECT: ANANDA 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:

ALBERTO GUZMAN

Name of Person

GUZMAN & GUZMAN, P.A.

Firm/Company

9130 S. DADELAND BLVD, STE 1600

Address

MIAMI, FL 33156

City/State and Zip Code

AGUZMAN@GUZMANANDGUZMAN.COM

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

For further information concerning this matter, please call:

ALBERTO GUZMAN

Name of Person

at (305)

670-1991

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

RECEIVED BY CLERK
TALLAHASSEE, FLORIDA

2011 MAY -9 AM 9:57

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H11000127486

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ANANDA MEDICAL 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 04/14/2009

Florida document number L09000035776

This amendment is submitted to amend the following:

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

CORPORACION ANANDA, 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:

GUZMAN & GUZMAN, P.A.

New Registered Office Address:

9130 S. DADELAND BLVD, SUITE 1600

Enter Florida street address

MIAMI

Florida

33156

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

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STATE OF FLORIDA
TALLAHASSEE

5/4/2011

Mercantile Lines

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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>
			<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MAY 4 2011


Signature of a member or authorized representative of a member

OSVAL OCANDO

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$35.00

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