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08/26/13--01020--013 **25.00

COVER LETTER

TO: Registration Second Division of Corp		*	•	
SUBJECT: Ae	Atech Trade Name of Limit	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		TALI
Please return all correspon	dence concerning this matter	to the following:		AUG 26
	Pedro Co	Shrera Name of Person		ARY OF STASSEE, FLO
	Medtech	,		TATE ORIDA
	4114 Car	riage Dr NI		
	Pampano	Reach FL City/State and Zip Code	33069	
	Medttrade (a mail · Com o be used for future annual report notification	on)	
For further information co	ncerning this matter, please ca	all:		
Pedro Ca	brera Person	at (954) 977 7 Area Code & Daytime Tel	cphone Number	
Enclosed is a check for the	e 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 Stat Certified Copy (additional copy is	

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

Medtech Tr	ade LLC	
(Name of the Limited L (A F	iability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number <u>L09000370</u>		20/2009 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	IALL 13 AL
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	B EOE
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
	-	RIO A
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Pedro Cabrera	4114 Carnage Dr NI	Add
		4114 Carriage Dr NI Pompano Beach FL 330	69 Remove
			_
			Add
			Remove
			_
			Add
			Remark LAHASSE FLORED
			RETAR AHASS 1626
			S FS
			Pariove Property
			— Add
V			Remove
	 		Add
			Remove

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-")		,	
(a	who Do	ed representative of a member	
	-3 (a	-3, 2013.	-3, 2013.

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORIDA