

L09000066058

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 24 PM 12:28

FILED

C. LEWIS

MAY 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

INTERNATIONAL
SAL INTERNATIONAL, 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:

LAURA LINDGREN

Name of Person

SAL INTERNATIONAL, LLC

Firm/Company

5603 SW 10TH AVENUE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

WWW.MEDICALSOLUTIONS@LIVE.COM

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

For further information concerning this matter, please call:

LAURA LINDGREN LINDGREN

Name of Person

at (239)

699-6091

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

FILED

2011 MAY 24 PM 12:28

SAL INTERNATIONAL, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/09/2009 and assigned
Florida document number L09000066058.

This amendment is submitted to amend the following:

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

N/A

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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

LAURA LINDGREN

New Registered Office Address:

SAME

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.

Laura M. Lindgren
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGR_M = Managing Member

[illegible]

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

Dated May 19, 2011.

Signature of a member or authorized representative of a member

LAURA LINDGREN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2011 MAY 24 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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