

L09000097193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

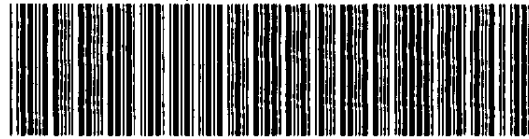
(Business Entity Name)

(Document Number)

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10 JUN 16 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 17 2010

EXAMINER

LAW OFFICES OF  
**JOSHUA D. BASH, ESQ.**  
Suite 304 Aventura Corporate Center  
20801 Biscayne Boulevard  
Aventura, Florida 33180-1422  
**E-mail: joshbash@bellsouth.net**

JOSHUA D. BASH  
JACK M. BASH  
(1917-1982)

DADE: 305-940-1200  
DADE: 305-682-0400  
BRWD: 954-922-1400  
FAX: 305-682-1800

May 20, 2010

Secretary of State  
Division of Corporations  
P.O.B. 6327  
Tallahassee, FL. 32314

Re: **Medical Equation, L.L.C.**

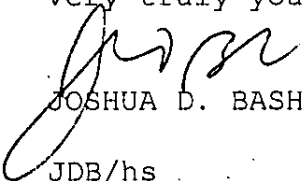
Dear Sir/Madam:

Enclosed please find my client's check in the sum of \$25.00,  
an original and original and one copy of the Resignation of  
Members for the above-named Limited Liability Corporation.

Please call if you have any questions with regards hereto.

Thank you for your anticipated cooperation herein.

Very truly yours,

  
JOSHUA D. BASH, ESQ.

JDB/hs  
Enclosures

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10 JUN 16 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2010

JOSHUA D. BASH, ESQ.  
LAW OFFICE OF JOSHUA D. BASH, ESQ.  
20801 BISCAYNE BOULEVARD, STE. 304  
AVENTURA, FL 33180-1422

SUBJECT: MEDICAL EQUATION, L.L.C.  
Ref. Number: L09000097193

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL EQUATION, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

One form for each person resigning from limited liability company. Or you can file amendment form and remove both on the one form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 910A00013146

LAW OFFICES OF  
**JOSHUA D. BASH, ESQ.**  
Suite 304 Aventura Corporate Center  
20801 Biscayne Boulevard  
Aventura, Florida 33180-1422  
**E-mail: joshbash@bellsouth.net**

JOSHUA D. BASH  
JACK M. BASH  
(1917-1982)

DADE: 305-940-1200  
DADE: 305-682-0400  
BRWD: 954-922-1400  
FAX: 305-682-1800

June 14, 2010.

Attn: Joey Brian, Reg. Specialist  
Secretary of State  
Division of Corporations  
P.O.B. 6327  
Tallahassee, FL. 32314

**FILED**  
10 JUN 16 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: **Medical Equation, L.L.C.**  
Ref #L09000097193

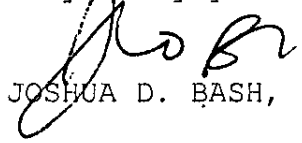
Dear Mr. Bryan:

Enclosed please find an original and one copy of the Articles of Amendment for the above-named Limited Liability Corporation.

Please call if you have any questions with regards hereto.

Thank you for your anticipated cooperation herein in returning a true copy of the articles to me.

Very truly yours,



JOSHUA D. BASH, ESQ.

JDB/hs  
Enclosures

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

**MEDICAL EQUATION, 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 Oct. 7, 2009 and assigned  
Florida document number L09000097193.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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)**

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TALLAHASSEE, FLORIDA

**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:

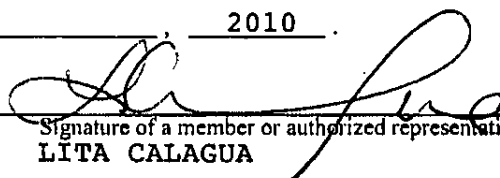
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID ESPINOZA	2473 SW 132 Way Davie, FL. 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DIEGO ESPINOZA	"	<input type="checkbox"/> Add <input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 8, 2010

  
Signature of a member or authorized representative of a member  
LITA CALAGUA

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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