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(Requestor's Name)

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(City/State/Zip/Phone #)

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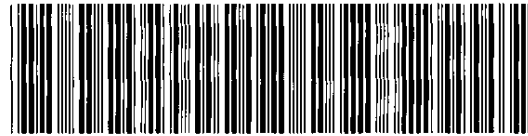
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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10 AUG 10 AM 11:04  
DEPARTMENT OF STATE  
ATLANTA, GEORGIA

D. BRUCE

AUG 11 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MD SYHEALTH LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

N. Cameron Russell, Esq.

Name of Person

Wender Law Group, PLLC

Firm Company

One Penn Plaza, Suite 2527

Address

New York, NY 10119

City/State and Zip Code

cameron@wenderlaw.com

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

For further information concerning this matter, please call:

N. Cameron Russell, Esq.

Name of Person

at ( 212 )

244-4111

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

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10 AUG 10 AM 11:04  
TALLAHASSEE, FLORIDA

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

**MD SYHEALTH 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 12/09/2009 and assigned  
Florida document number L09000116895.

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)

1n532 Creek Side Court

Lombard, IL 60148

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1n532 Creek Side Court

Lombard, IL 60148

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10 AUG 10 AM 11:05  
CLERK OF STATE  
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	Ahmed F. Hassan	1723 Ripley Run Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ahmed F. Hassan	1N532 Creek Side Court Lombard, IL 60148	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anwar Kazi	B-1001, Lakson Square Building #3 Sanwar Shaheed Road, Saddar Karachi-74200, Pakistan	<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.)*

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

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10 AUG 10 AM 10:04  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Dated August 6, 2010

*N. Cameron Russell*

Signature of a member or authorized representative of a member

N. Cameron Russell, Attorney-in-fact for Sybrid Private Limited, Member

Typed or printed name of signee