

Division of Corporations

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210000000928

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LEGALZOOM.COM LLC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLCAMND/RESTATE/CORRECTORM/MGRESIGN  
GENESYS DURABLE MEDICAL EQUIPMENT LLC

Certificate of Status	0
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A. LUNT

JAN 25 2010

EXAMINER

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TALLAHASSEE, FLORIDA

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Lori Castille

DATE 2010-01-21 15:10:20 PST

RE Amendment Filing

## COVER MESSAGE

LZ Order # 7382834

Thank you.

Page 1 of 5

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GENESYS DURABLE MEDICAL EQUIPMENT 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:

Tony Burroughs  
(Name of Person)  
Legalzoom.com, Inc.  
(Firm/Company)  
7083 Hollywood Blvd., Suite 180  
(Address)  
Los Angeles, CA 90028  
(City/State and Zip Code)

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**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Tony Burroughs at (323) 962-8600  
(Name of Person) (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**

**GENESYS DURABLE MEDICAL EQUIPMENT 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 01/05/2010

Florida document number L10000000928

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TALLAHASSEE, FLORIDA

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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 "L.L.C."

**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

Title	Name	Address	Type of Action
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article V.

The name of the managing member was erroneously stated as:

SONNY U UKPONG, JR.

The name of the managing member shall be: SONNY U UKPONG

Dated January 13<sup>th</sup>, 2010

Signature of a member or authorized representative of a member

SONNY U UKPONG, managing member

Typed or printed name of signee

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