# L100000 10103

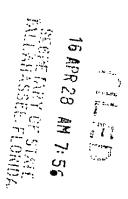
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2016

JOHNSON BIOMEDICAL CAPITAL, LLC RAYMOND B JOHNSON 719 SW 5TH AVE, STE. 413 GAINESVILLE, FL 32601

SUBJECT: SAFEWIRE, LLC Ref. Number: L10000010103

Attached.

Thank Jou.

Lo Johnson
5617144894

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000163226 "SW DISTRIBUTION LLC".

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00007669



## **COVER LETTER**

		tion,Section of Corporations				
CUDIE/		wire, LLC				
SUBJEC	-1; <u></u>	]	Name of Limited	Liability Company		<del></del>
The encl	osed Artic	cles of Amendment and fe	e(s) are submitt	ed for filing.		
Please re	eturn all co	orrespondence concerning	this matter to the	he following:		
		Raymond B. Jo	ohnson			
		4	·	Name of Person	······································	
		Johnson Biome	edical Capital, L	LC		
Firm/Company						
	719 SW 5th Avenue, Suite 413					
				Address	<del></del>	<del> </del>
		Gainesville, FL	Gainesville, FL 32601			
			C	City/State and Zip Code		
		Ray@JohnsonB	•			
For furth	er inform	E-m ation concerning this matt		e used for future annual re	eport notification)	
Ray Johi				561 714- at ()	4894	
		Name of Person		Area Code	Daytime Telephor	ne Number
Enclosed	l is a chec	k for the following amoun	nt:			
\$25,0	00 Filing	Fee \$30.00 Filing Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

Safewire, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 1/27/10	and assigned
Florida document number L10000010103		
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SWire Distributions, LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	*More
	<del></del>	<b>2</b>
Enter non-cities address is annihable.		무슨 공연 기업
Enter new mailing address, if applicable:	<del></del>	23 cm
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	يونون بحى الانتقاب اليبيا
B. If amending the registered agent and/or registered		records, enter the mane of the ne
registered agent and/or the new registered office address	<u>here</u> :	• **
Name of New Registered Agent:		
New Registered Office Address:		·
New Registered Office Address.	Enter Florida stree	t address
		, Florida
	Ciry	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = I	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 605
ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	y filing requirements, this date will not be list
e record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlie
The 90th day after the record is filed.	
ated April 8 , 2016 .	
ated,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00