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(Req	uestor's Name)	
(Add	ress)	
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(City,	/State/Zip/Phone	· #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Co	rporations				
Danny Dea	iton Biomedical Services LLC				
SUBJECT:	Name of Lim	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Danny Deaton				
		Name of Person			
	Danny Deaton Biomedical	Services LLC			
	<del> </del>	Firm/Company			
	980 Pinoak Lanc			22 SEP	÷.,
		Address		SEP	<del>;</del> ж.
	Cantonment, Florida 3253.	3		23	ABOUR OF COME CRATTER
		City/State and Zip Code		3	54.5 
	deatonbiomed@gmail.com			<u>ب</u> 2	:
	E-mail address: (	to be used for future annual report notifi	cation)	22	<u></u> -
For further information of	concerning this matter, please c	all:			
Danny Deaton		850 525-4579 at ( )			
Name o	of Person		Telephone Number	•	
Enclosed is a check for t	ha fallagging 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 Fe Certificate of St Certified Copy (additional copy is a	atus &	
Mailing Addre		Street Address:			
Registration		Registration Sec			
Division of C P.O. Box 632		Division of Corp The Centre of Ta			
4 . O . DOA 004	<b>-</b> •	THE COURT OF T			

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability Cor Florida document number L10000012583	mpany were filed on Feb	oruary 2, 2010 a	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	esignation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	408 Kilkenney V	Vay	and assigned  "LLC" or the abbreviation "L.L.C."  3  22  3  23  24  25  27  27  28  29  20  20  20  20  20  20  20  20  20
(Principal office address MUST BE A STREET ADDRE	Cantoment, Flor	ida 32533	
			22
Enter new mailing address, if applicable:	408 Kilkenney V	Vay	<u> 무</u> 물:
(Mailing address MAY BE A POST OFFICE BOX)	Cantoment, Flor	ida 32533	A.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the name of t</u>	22
Name of New Registered Agent: Richard	T Battle		
New Registered Office Address: 408 Kilk	enney Way		
	Enter Flor	ida street address	
Cantonm	nent	Florida _32533	
<del></del> -	City		Code

## New Registered Agent's Signature, if changing Registered Agent:

Danny Deaton Biomedical Services LLC

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Danny Deaton	980 Pinoak Lane	
		Cantonment, Florida 32533	■Remove
			□Change
AMBR	Susanne Deaton	980 Pinoak Lane	□Add
		Cantonment, Florida 32533	■Remove
		<del></del>	□Change
			22 & P 20
			Remove AM 99 Chariger
			9Change
			Remove
		-7	□ Change
			□Add
			Remove
			□Change
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			□Remove
			□ Change

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ve date, if other than the date of filing:	(optional)	. 0.5.0
ective date is listed, the date must be specific and cannot be prior to date of filing or more the date inserted in this block does not meet the applicable statutory filing		
ent's effective date on the Department of State's records.		
I specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day a	tter :
ed.	The carrier of (b) The Mai day a	nei
September 1 2022		
September 1 2022		

Typed or printed name of signce