L10000034225

(Re	equestor's Name)	
(Ad	ddress)	
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, (C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MA	AIL
(Ве	usiness Entity Name)	
(Document Number)		
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08/25/10--01005--019 **30.00



J. BRYAN
AUG 2 6 2010
EXAMINER

COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT:	SHRINK	MYMEDBILL LLC	
	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are su	-	
Please return all corre	spondence concerning this matte	r to the following:	_
		Michael Schran	TANGE OF T
		Name of Person	6 25 All PS
		Firm/Company	SEE, FL
	6	660 Anchor Loop #301	ORDER 38
	April 1 to the property	Address	· · · · · · · · · · · · · · · · · · ·
		Bradenton, FL 34212	
20 to 1 1. 5		City/State and Zip Code	The Control of the Co
	m.s	chran@googlemail.com (to be used for future annual report notification	r. get
			on)
For further information	on concerning this matter, please	call:	
	Michael Schran	at (83072
Nam	ne of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:	en e	
\$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)
	ILING ADDRESS:	STREET/COURIER	ADDRESS:
	sistration Section ision of Corporations	Registration Section Division of Corporation	ns · · · · · · · · · · · · · · · · · · ·
	. Box 6327 lahassee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHRINKMYMEDBILL 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 Liabilit	y Company were filed on	03/29/2010	and assigned
Florida document numberL10000034225	5		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
Ве	ogner & Loch LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	ress
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager ' Managing Member		
<u>Title</u>	Name	Address	Type of Action
		·	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	10 NG 25 M 11: 39 SECRICIANS SEE, FLORIDA TALLAHASSEE, FLORIDA
Dated		08/20/2010	
	/ 6.	hember or authorized representative of a member	
	_	Michael Schran Typed or printed name of signee	
		1) bec or binnes mains or righter	

Page 2 of 2

Filing Fee: \$25.00