10001	00 45637
(Requestor's Name) (Address) (Address)	000234736140
(City/State/Zip/Phone #)	05/03/1201015003 **25.00
Certified Copies Certificates of Status	DIVISION OF CC 12 MAY 17
Office Use Only	ED STALE CRECENTIONS AM 8: 30
	MAY 1 8 2012 T. HAMPTON

т Т	(COVER LETTER	
TO: Registration Division of C			
SUBJECT:	EXTRA TRADING	EXPORT & IMPORT LLO	C
	Name of Limi	ted Liability Company	
		, · · · · ·	.· ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		SARPER YILDIRIM	
	ę	Name of Person	
		MEDICAL EXTRA	
		Firm/Company	
	845 NORTH FO	ORT LAUDERDALE BEACH	BLVD.
	, ,	Address	· · · · · · · · · · · · · · · · · · ·
	FORT	LAUDERDALE, FL 33304	
	, 1,15	City/State and Zip Code	nan an
	PEAI	RMAINDJ@GMAIL:COM	, ¹ 44 .
	•	to be used for future annual report notifica	tion)
For further informatio	n concerning this matter, please of	call:	
DA			639878
Nam	e of Person	Area Code & Daytime 1	Felephone Number
Enclosed is a check for	or the following amount:		
₽ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 lahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323(ions ter Círcle
·· .			



RECEIVED

12 MAY 17 PM 4:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 10, 2012

SARPER YILDIRIM ,EDICAL EXTRA 845 N FT LAUDERDALE BEACH BLVD FT LAUDERDALE, FL 33304

SUBJECT: EXTRA TRADING EXPORT & IMPORT LLC Ref. Number: L10000045637

We have received your document for EXTRA TRADING EXPORT & IMPORT 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):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return the corrected original and one copy of 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.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 012A00014009

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

	·			
ARTICLES OF A	MENDMENT			
TO) · · · · · · · · · · · · · · · · · · ·			
ARTICLES OF O	RGANIZATION SECRETARY OF STATE			
	12 MAY 17 AM 8: 30			
EXTRA TRADING EXP				
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on04/28/2010 and assigned			
Florida document numberL10000045637				
This amendment is submitted to amend the following:	\cdot			
A. If amending name, enter the new name of the limited liabi	lity company here:			
MEDICAL EXTRA TRADING EXPORT	, IMPORT & CONTRACTING LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	531 S/W 18th Ave Unit 41			
(Principal office address MUST BE A STREET ADDRESS)	531 S/w 18th Ave, Unit 41 Eart Lauderdale, FL 33312			
Enter new mailing address, if applicable:	531 slw 18th Ave Unit 41			
(Mailing address MAY BE A POST OFFICE BOX)	Ent Lauderdale FI 32212			
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:				

Name of New Registered Agent:				
New Registered Office Address:	NUT			
	E	nter 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, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

. <u>Title</u>	Name	Address	Type of Action			
MGRW	Hyse Sebla Selhep	531 siw 18th Street, Unit 41 Sout Zoucleichale FL 33312	X Add Remove			
MGRM	Ekstra Medikal Ithalad Intacat, Tic. Taahhut Ltd. Sti.	531 slw 18th street, Unit 41 Fart dauderdale FL 33312	Add Remove			
MGRM	Sarper Yildirim	531 slw 18th street Unit 11 Fort Lauderdale FL 33312	🔀 Add 🗖 Remove 			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Shares = 100, share holder distribution =						
1, Eks	tra Medikal Ithalat Ihran	cat, Tic. Taahhut Ltd. St: 51%				
à. 50	reper Vildirius	39%				
3-A-	yse Sebla Selhep	10%	<u> </u>			
 Dated	05/07 . 201	2//.	EILEL BIVISION OF COR			
-	•	or authorized representative of a member	PORATIL			
		VID PEARMAIN r printed name of signee	30 Internet			
Page 2 of 2						

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Filing Fee: \$25.00