

L10000054914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

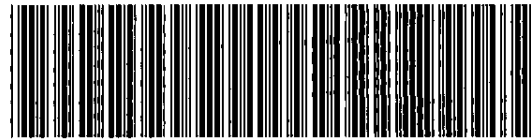
(Business Entity Name)

(Document Number)

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2010 DEC -2 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
DEC -2 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Eurotek Medical, L.L.C.
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:

 Catherine Richter

Name of Person

 Eurotek Medical, L.L.C.

Firm/Company

 3948 3rd St South Suite 167

Address

 Jacksonville Beach, Florida 32250

City/State and Zip Code

 will@eurotekmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Catherine Richter

Name of Person

at (904)

333-2249

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Eurotek Medical, L.L.C.

(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 May 21st, 2010 and assigned
Florida document number L10000054914.

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."

Enter new principal offices address, if applicable:

3948 3rd Street South, Suite 167

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville Beach, FI 32250

Enter new mailing address, if applicable:

3948 3rd Street South, Suite 167

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville Beach, FI 32250

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Richter	3948 3rd Street South Suite 167 Jacksonville Beach, Fl 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" 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.)

I would like to remove the existing address on file with Sunbiz.org:

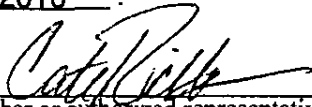
219 7th Avenue South, Jacksonville Beach, Florida 32250 and update it with

the new physical address above:

3948 3rd Street South, Suite 167 Jacksonville Beach, Florida 32250

And also add new Manager: William Richter

Dated November 18th, 2010


Signature of a member or authorized representative of a member

Catherine Richter
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 DEC -2 4:42
FILE