

L10000067432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

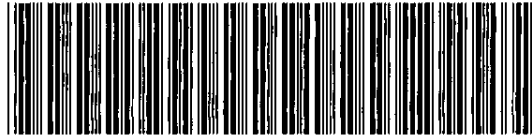
(Business Entry Name)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 DEC 23 AM 9:03
FILED
10 DEC 23 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

D. BRUCE

DEC 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sentech Surgical, LLC
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:

Charles J. Dailey
Name of Person

Firm/Company

7044 Standing Pines Lane
Address

Tallahassee, FL 32312
City/State and Zip Code

cdailey@sesurgical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

~~Charles J. Dailey~~ at ()
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following 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 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**

Sentech Surgical, 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 Liability Company were filed on 6/24/10 and assigned Florida document number L10000067432

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sentech Surgical + Diagnostics, LLC
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:

(Principal office address MUST BE A STREET ADDRESS)

2910 Kerry Forest Parkway
Ste D4-9
Tallahassee, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2910 Kerry Forest Parkway
Ste D4-9
Tallahassee, FL 32309

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

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

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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

Title	Name	Address	Type of Action
MGR	Sharron Dailey	7044 Standing Pines Lane Tallahassee, FL 32312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JACOB D. WHITEFIELD	3204 Horseshoe Trail Tallahassee, FL 32312	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change Charles J. Dailey from 'Manager'
to 'Managing Member'

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Dated December 23, 2010

Signature of a member or authorized representative of a member

CHARLES J. DAILEY

Typed or printed name of signee