

L100000076641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

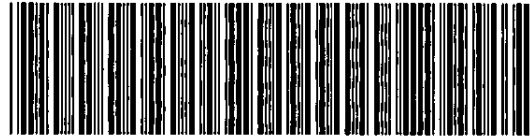
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500252759965

10/15/13--01055--004 \*\*60.00

FILED

13 OCT 15 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 2013

T. BROWN

11.29.13 - Ar2

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Z-STAT MEDICAL 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:

**LARRY SMITH**

Name of Person

**STAT DIRECT LLC**

Firm/Company

**8222 118 AVE N, SUITE 605**

Address

**LARGO, FL 33773**

City/State and Zip Code

**LARRY@GHMAIL.COM**

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

For further information concerning this matter, please call:

**LARRY SMITH**

Name of Person

at **(727) 547-2780**

Area Code & Daytime Telephone Number

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

FILED

13 OCT 15 PM 3:15

Z-STAT MEDICAL LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/21/2010 and assigned  
Florida document number L10000076641.

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:

(Principal office address MUST BE A STREET ADDRESS)

34911 US HWY 19 N, SUITE 525A

PALM HARBOR, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8222 118TH AVE N, SUITE 605

LARGO, FL 33773

**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:

STAT DIRECT LLC

New Registered Office Address:

8222 118TH AVE N, SUITE 605

*Enter Florida street address*

LARGO

*City*

Florida 33773

*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.*

*[Signature]*  
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>
MGRM	STAT DIRECT LLC	8222 118TH AVE N, SUITE 605	<input checked="" type="checkbox"/> Add
		LARGO, FL 33773	<input type="checkbox"/> Remove
MGRM	I CARE PHARMACY LLC	34911 S HWY 19N, STE 612	<input type="checkbox"/> Add
		PALM HARBOR, FL 34684	<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.)*

---

---

---

---

---

Dated October 9, 2013.



Signature of a member or authorized representative of a member

**LARRY E SMITH**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**