

L10000081819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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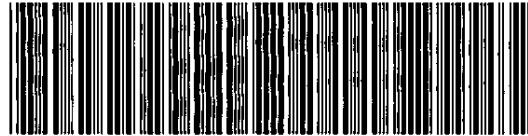
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SEP 1 2010

EXAMINER



600184673366

08/27/10--01012--012 \*\*25.00

FILED  
10 AUG 27 AM 10:17  
TALLAHASSEE, FLORIDA

*Marlene Leon-Rubido*

Attorney At Law

Coral Way Law Center  
6780 Coral Way  
Miami, Florida 33155

Tel: (305) 596-2211  
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August 25, 2010

Division of Corporation  
Florida Department of State  
Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Endomedi International LLC**

Dear Sir or Madam:

As per your instructions, enclosed are the following:

1. Articles of Amendment.
2. Check in the sum of \$25.00, representing your fee for the filing.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures

1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ENDOMEDI INTERNATIONAL, 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:

Marlene Leon Rubido, Esquire

Name of Person

Firm/Company

6780 Coral Way

Address

Miami, Florida 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

Marlene Leon Rubido, Esq.

Name of Person

at ( 305 )

596-2211

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**

**ENDOMEDI INTERNATIONAL, 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 8/4/10 and assigned  
Florida document number L10000081819

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
10 AUG 27 AM 10:17  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**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:

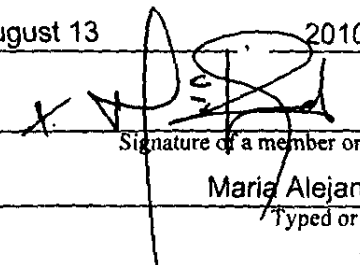
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria Alejandra Gonzalez	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Miguel Gonzalez Carrillo	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marisela Gutierrez Gonzalez	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Vanessa Gonzalez	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Fabiola Gonzalez	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Miguel Gonzalez Gutierrez	19900 E. Country Club Dr. PH5 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 13, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Maria Alejandra Gonzalez, MGRM  
\_\_\_\_\_  
Typed or printed name of signee