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SEURETARY OF STATE

B. BOSTICK

'JAN 1 3 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons ^t			
SUBJEC		Luff N	Medical, LLC		
SUBJEC	<u> </u>		ited Liability Company	·	
The encl	osed Articles of Amend	Iment and fee(s) are sui	omitted for filing.		
Please re	eturn all correspondence	concerning this matter	to the following:		
Gregory Luff Name of Person					
			Luff Medical, LLC		
			Firm/Company		•
	1207 Clays Trail Address				
	. -		Oldsmar, FL 34677		· <u> </u>
			City/State and Zip Code uffmedical@live.cor to be used for future annual re		SEURL JAN 12
For furth	er information concern			sport nonneadon)	N12 P
	Gregor Name of Persor		at (727)	674-1799 & Daytime Telephone Number	<u> </u>
					10A 10B 10B
Enclosed	l is a check for the follo	wing amount:			
₹2 5.0	00 Filing Fee \$3.	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	Certifica enclosed) Certified	ite of Status &
	MAILING A Registration S Division of Co	ection orporations	Registrati Division	COURIER ADDRESS: on Section of Corporations	
	P.O. Box 632' Tallahassee, P	7	Clifton B 2661 Exe	uilding cutive Center Circle	,

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luff Medi	ical, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now apper Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	8/31/2010Lea	and assigned
Florida document numberL10000091616			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company he	e <u>re</u> :	
Leaf Surgio	cal, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	eany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1207 Clays	Trail	
(Principal office address MUST BE A STREET ADDRESS)	Oldsmar, FL	. 34677	
			<u> </u>
		; 5 5	
Enter new mailing address, if applicable:			77 - 7
(Mailing address MAY BE A POST OFFICE BOX)		ŗ	
		,	: 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on e:	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	iress
		, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title . **Name Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 9, Dated _ Signature of a member or authorized representative of a member Gregory Luff Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00