Division at Corpor na

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000991513)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESCARIZ MEDICAL EQUIPMENT LLC

Certificate of Status	()
Cenified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Yanet Avita

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

ESCARIZ MEDICAL EQUIPMENT LL			
(Name of the Limited Li (A Fi	ability Company as it dow appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Linbili	ity Company were filed on 10/19/2010	and assigne	:d
Florida document number L10000109004	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited lizbility company here:		
ESCARIZ INVESTMENT LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	17
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
Internal Industrial Property of the Control of the			
B. If amending the registered agent and/or regist	tered office address on our records, enter the n	ame of the new re	gistered
agent and/or the new registered office address he	ere:		
		1, 5	
Name of New Registered Agent:			
		: : نند	•
New Registered Office Address:	Enter Florida street address		
			.7
	, Florida	Zip Codé	
and the state of Company of the principal Degic	,	•	
New Registered Agent's Signature, if changing Registered Agent:		쓸	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this cha	nd complete performance of my duties, and I a ed agent as provided for in Chapter 605, F.S. (stered office address, I hereby confirm that the	m familiar with a. Or, if this docume	na -

______ □Remove

□Change

From: Yanat Avila

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR - Manager AMBR = Authorized Member Type of Action Address Title <u>Name</u> □Remove Dadd ☐Change □Remove ☐ Change □Remove □Remove

From: Yanet Avila

Page: 5 of 5

-				
_				
				makes and the second of the second se
		and the same of th		
~		AMERICAN AME		
_				
	(=			
Effortis	ve date if other than t	the date of filing:		(optional) (days after filing) Pursuant to 605.02 ments, this date will not be fisted
NAID	If the date inserted in this	must be specific and earnot be prior to block does not meet the applicate Department of State's records.	to date of filing or more than 90 able statutory filing requires) days after filing) Pursuant to 605.02 ments, this date will not be fisted
he record ord is file		cuve date, but not an effective tit	me, at 12:01 a.m. on the ea	ther of: (b) The 90th day after th
Dated			•	
		Leidy Di	az	· · · · · · · · · · · · · · · · · · ·

Typed or printed name of signee