

L10006116906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

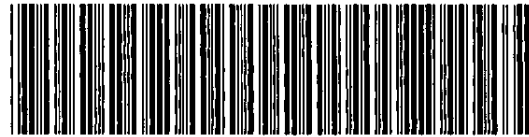
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 25 2012

EXAMINER



200236590612

06/20/12--01017--005 **30.00

Missing
Last pg.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 25 AM 11:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNOZ 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:

EMILIO A. MUNOZ

Name of Person

MUNOZ MEDICAL, LLC

Firm/Company

P.O. BOX 990158

Address

NAPLES, FLORIDA- 34116

City/State and Zip Code

drmunozemilio@yahoo.com

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

For further information concerning this matter, please call:

EMILIO A. MUNOZ

Name of Person

at (239)

595-0460

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 25 AM 11:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MUNOZ MEDICAL, 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 FLORIDA and assigned
Florida document number L10000116906

This amendment is submitted to amend the following:

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

ERGO SCIENCES, 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:

4330 20th ST N.E

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FLORIDA- 34120

Enter new mailing address, if applicable:

P.O. BOX 990158

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FLORIDA - 34116

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 25 AM 11:14

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated 25 July, 2012.



Signature of a member or authorized representative of a member

EMILIO A. MUNOZ

Typed or printed name of signee