

L11000013573

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 JUN 25 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. G. G. JUN 28 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Autoclave Equipment Professionals, 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:

Andrew Dubrey  
Name of Person

PROCLAVE, LLC  
Firm/Company

2436 Emerson Ave S  
Address

St. Petersburg, FL 33712  
City/State and Zip Code

sales@sterilizerautoclave.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Dubrey at 813, 220-6953  
Name of Person 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

12 JUN 25 PM 12:32

Autoclave Equipment Professionals, 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 February 1, 2011 and assigned  
Florida document number L17000013573

This amendment is submitted to amend the following:

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

PROCLAVE, 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:

(Principal office address MUST BE A STREET ADDRESS)

2436 Emerson Ave S  
St. Petersburg FL 33712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2436 Emerson Ave S  
St. Petersburg FL 33712

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>
_____	_____	_____	<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.)*


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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUN 25 PM 12:02

FILED

Dated June 20, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Andrew Dubrey  
\_\_\_\_\_  
Typed or printed name of signee