

L11000022522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

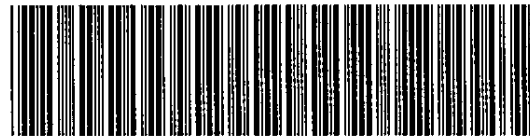
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300214145423

11/28/11--01004--013 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 NOV 28 AM 9:40

FILED

J. SAULSBERRY  
EXAMINER

NOV 30 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Paramedix LLC  
Name of Limited Liability Company

FILED  
2011 NOV 28 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doug Towle Jr.  
Name of Person

Paramedix LLC  
Firm/Company

8181 NW 154<sup>th</sup> ST SUITE 120  
Address

Miami Lakes FL 33316  
City/State and Zip Code

LWESTDICKENBERG@Para-medix.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lydia WESTDICKENBERG at (516) 805-1558  
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**

Paramedx 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 2/18/2011 and assigned  
Florida document number L11000022522.

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  
2011 NOV 28 AM 9:40  
SECRETARY OF STATE  
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:

Lydia Westdickenberg

New Registered Office Address:

8181 NW 154 ST

Enter Florida street address

Miami Lakes

City

Florida

33016

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

Title	Name	Address	Type of Action
mgr	Alexandro CASTRO	1840 WEST 49 <sup>th</sup> ST SUITE 607 Hialeah FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR.	Doug Towle Jr.	8181 NW 154 <sup>th</sup> ST SUITE 120 Miami Lakes, FL 33016	<input checked="" 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)

\_\_\_\_\_

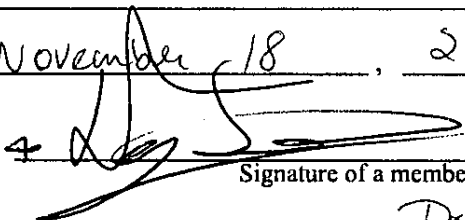
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2011 NOV 28 AM 9:40  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated November 18, 2011.



Signature of a member or authorized representative of a member

Doug Towle Jr  
Typed or printed name of signee