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C. LEWIS AUG 2 5 2011 **EXAMINER**

COVER LETTER

TO:	Registration Section Division of Corporation	s s	*	ùş	46 ;	ngte S	· pr+} s	*		,
SUBJI	E ČŤ .			ves†mer ited Liability		LC_				
The en	closed Articles of Amendm	ent and fee(s)) are sul	bmitted for f	iling.					
Please	return all correspondence co	oncerning thi	s matte	r to the follo	wing:					
		He	ath	ur Gold	lin_					
				Medi Firm/	********	ales, L	L.C.	and the state of t		
				7475+	_					
		Brac	<u>denta</u>	on FA City/State of ims e C	34.	203				
				to be used for			cation)			
For fur	ther information concerning	this matter,	please o	call:						
	Heather Go Name of Person	ldin		at (_	941) 7 Area Co	79-56 ode & Daytimo	17 e Telephone	e Number	_	
Enclos	ed is a check for the followi	ng amount:								
\$25		00 Filing Fee ertificate of S		Cert	Filing Fee ified Copy itional copy	e & is enclosed) (0.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	osed)

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

	rvestments, LLC	•	AUG 24 PM 12: 41			
(Name of the Limited L (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records. (ALL	JRETAKY OF STATE .AHASSEE.FLORIDA			
(Name of the Limited L (A F The Articles of Organization for this Limited Lial Florida document numberL_110000388		3/01/20 11)	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t		<u>re</u> :				
Integrity Medical	Sales, L.L.C.					
The new name must be distinguishable and end with "L.L.C."		any," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	ADDRESS)					
	.					
Enter new mailing address, if applicable:	****		UNITED BY A STREET			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	A AN VIEW OF THE PROPERTY OF T	40-15-47-48-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4			
	,					
B. If amending the registered agent and/or registered agent and/or the new registered office	•	our records, <u>ente</u>	the name of the new			
Name of New Registered Agent:	Heather Gold					
New Registered Office Address:	6934 74 th St. Cir. E. Enter Florida street address					
	Bradenton	. Florida	34203			
	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, <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** Robin Goldin 6934 74mst. Cir. E. MGR Add Bradenton, FL Remove Heather Goldin MGR Add ☐ Remove Heather Goldin MGRM Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 18 Signature of a member or authorized representative of a member Heather Goldin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00