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Corporate Filing MAPR 22 2011

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**EXAMINER** 

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PAGE 02/03

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TI APR 21 AM 8:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	<b>-</b>	FLOS CO.	
SARFAT	MEDICAL L	LC	AIE S	
(Nama of the Limited Liabilla (A Florida			<del></del>	
The Articles of Organization for this Limited Liability ( Florida document number <u>2110600 419 4</u>	Company were filed on	4-9-2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company be			
The new name must be distinguishable and end with the we	ards "Limited Liability Comp	any," the designation "LL	C" ar the abbreviation	
Enter new principal offices address, if applicable:				
Principal office padress MUST BE A STREET ADD				
Enter now malking address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX				
B. If smending the registered agent sad/or registered agent sad/or registered agent sad/or the new resistored office ad-	ntered office address on drass here:	our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street addre.	S.	
,				
	City	, Florida	Zip Code	

Now Registered Agent's Signature, if changing Registered Agents

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 affice address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Chaeging Registered Agont, Similture of New Rovintered Agent

Page 1 of 2

MGR = Manager

## H11000108000

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:

MGRM = N	Anaging Member		
Title	Namo	Address	Type of Action
MGR.	LILIAN SARFATI	4980 WEST 10TH AVE SK HIALLAN, EL BROIZ	. 103 Add Romove
			Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove
D. If amond	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
Dated	AMIL 21 20	1 1 2 2	
	Signature of a mamber	of authorized representative of a member	
		SARFATI or printed name of alguno	·
	Typed	or printed name of signer	<del></del> -

Page 2 of 2 Filing Fee: \$25.00

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