# L110000047559

(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



900248391459

06/18/13--01012--006 \*\*25.00

ZORETARY OF STATE

JUN 1 9 2013 D. BRUCE

### COVER LETTER

·OT

Registration Section Division of Corporations

ູ Jade Diabetic Group 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:

# Dale Greyslak

Name of Person

# Jade Diabetic Group LLC

Firm/Company

1384 S. Babcock St.

Address

Melbourne FL 32901

City/State and Zip Code

aguynn@hmecorporate.com

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

For further information concerning this matter, please call:

Amy Guynn

Name of Person

321,676-8988

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

Jade Diabetic Group 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  $\frac{6/1/2013}{1}$ and assigned Florida document number L11000047559 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 101 Diabetic Supplies, LLC The new name must be distinguishable and end with the Words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: no change Name of New Registered Agent: no change New Registered Office Address: Enter Florida street address Zip Code City

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, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Troy Sowards	1384 S. Babcock St	Add
		Melbourne FL 32901	Remove
			-
			_ L Add
			Remove
			_
			Remove
	<u> </u>	[ALJE]	Add
		WASSEE	Remove
		SEE FLORIDA	AM III D
			Remove
			Add
			Remove

) If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	
	20
	Signature of a member or authorized representative of a member
	Dale Greyslak
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00