L11000062519

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SECRETARY OF STATE

W11-34870

J. BRYAN

AUG -4 2011

EXAMINER



June 29, 2011

HOWARD MERMELSTEIN VOMED INVESTMENTS LLC 19380 COLLINS AVE PH22 SUNNY ISLES, FL 33160

SUBJECT: VOMED INVESTMENTS LLC

Ref. Number: W11000034870

FILED WING

We have received your document for VOMED INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on May 26, 2011.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 411A00015670

add a

COVER LETTER

TO: Registration Division of C			
SUBJECT:	VOMED IN	VESTMENTS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	Eg =
Please return all corres	pondence concerning this matte	r to the following:	NIG-2 PM 1:50 CLAHASSEE. FLOR
	нс	WARD MERMELSTEIN	SSEE A
		Name of Person	FLOT TO
	VOM	IED INVESTMENTS LLC	DRIE S
		Firm/Company	
	19	9380 Collins Ave ph22	
		Address	
	5	Sunny Isles FL 33160	
		City/State and Zip Code	
	E-mail address: (MINDSPRING.CO to be used for future annual report notifica	ation)
For further information	concerning this matter, please of	call:	
How	ard Mermelstein	at (91) 843-9	6/3
Name of Person		Area Code & Daytime	Felephone Number
Enclosed is a check for	•		
\$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)
Regis	LING ADDRESS: tration Section	STREET/COURIER Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOMED INVESTMENTS LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears or d Liability Company)	our records.	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L 110000 62519</u> .	ny were filed on	5 <u>W6/2011</u>	and assigned
This amendment is submitted to amend the following:	题。 2 P		
A. If amending name, enter the new name of the limited lia. The new name must be distinguishable and end with the words "Lin		the designation	"LLC" of the abbreviatio
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			5.
Enter new mailing address, if applicable:	71- 23	13974	C/
(Mailing address MAY BE A POST OFFICE BOX)	FLUSHINE	1136>	<i>CT</i>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Torida street ad	dress
	City	, Florida	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>A</u>	ddress		Type of Action
MER	HUWARD M	Ernelstein	137-47 Bustinet	715T AVENUE	Add Remove
MGRM	HUWARD ME	ir mei stem 	137-47 FLUSHING	7155 AVE	Add Remove
M GRM	GOLDA F	2/60	71-23 1 FLUSHI~E /13	397# ST 1	Add Remove
					Add Remove
					Add Remove
					Add Remove
D. If ame	nding any other informatio	on, enter change(s) he	ere: (Attach additio		FIL 11 AUG -2 SECRETAR)
-					Y OF STATE
Dated	7/25/1)	nd			
	•	ure of a member or autho でへかでしてた Typed or printe	•	of a member	

Page 2 of 2

Filing Fee: \$25.00