211000068997

(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:

A. LUNT

JUN 28 2010

EXAMINER

Office Use Only



600198937386

06/27/11--01002--001 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

II JUN 27 PH SR S

FILED

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	MEDICAL DE	VICE LENDING LI	_C		
			_			
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
		J	ONATHAN J VITELLO	_		
			Name of Person			
		MEDIC	AL DEVICE LENDING	3 LLC		
	Firm/Company		2011 SEC			
		2881 W. MCNAB RD			2011 JUN 27 SECRETAR TALLAHASS	
	Address				27 ARY SSE	
		POM	POMPANO BEACH, FL 33069			
			City/State and Zip Code			C
		JOHNA E-mail address: (SMITHCPA@YAHOO to be used for future annual repo	.COM ort notification)	PM S 5 1	
For furt	ther information	concerning this matter, please	call:			
		A. SMITH CPA	at (_954_)	577-6872		
	Name of Person Area Code & Daytime Telephone Number			per		
Enclose	ed is a check for t	the following amount:				
▼ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appe	ars on our records.)	· · · · · · · · · · · · · · · · · · ·	_	
(<u>Name of the Limited Liability</u> (A Florida Li	imited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document numberL11000068997	ompany were filed on	JUNE 13, 201	<u>1</u> an	d assign	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	ere:			
The new name must be distinguishable and end with the word 'L.L.C."	s "Limited Liability Comp	pany," the designation	ı "LLC" or	the abb	reviatio
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRE	ESS)		SE	201	
		·- · · · · · · · · · · · · · · · · · ·	<u> </u>	E	
			TARY ASSE	27	
Enter new mailing address, if applicable:			<u> </u>	3	
Mailing address MAY BE A POST OFFICE BOX)			(C)	- (1)	
			REF	C)	
'			I.	TOTAL S	
 If amending the registered agent and/or register registered agent and/or the new registered office addre 		our records, ente	r the nar	ne of t	he ne
egistered agent and/or the new registered office addre	ess nere:				
Name of New Registered Agent:	•	_			
New Registered Office Address:		···			
	E	nter Florida street a	ıddress		
		, Florida			
	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, 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>	Address	Type of Action
MGRM	SUSAN VITELLO	2881 W. MCNAB RD, POMPANO BEACH, FL 33069	Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Ádd Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, ent	er change(s) here: (Attach additional sheets, if necessar	ZOII JUN 27 SECRETARY O TALLAHASSE
 Dated	JUNE 24	,	H 9:51
	Signature of	a member or authorized representative of a member JONAHTAN J. VITELLO	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00