## L11000076673

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CHARGAMIONS

12 JAN 24 AH 10: LL

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T. HAMPTON

## **COVER LETTER**

Division of Corpo	orations				
SUBJECT:	AMBIONCE	E SYSTEMS LLC			
october.	Name of Limit	ed Liability Company			
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		inda M. Smith, Esq. Name of Person			
		Name of Letson			
	Law C	Offices of Linda M. Smith	1		
		Firm/Company			
	11900	Biscayne Blvd., Suite 50	)3		
		Address			
North Miami FL 33181					
City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)				
	E-mail address: (to	be used for future annual report n	otification)		
For further information cor	ncerning this matter, please ca	ull:			
Linda M	/l. Smith, Esq.	at (_305_)	899-1415		
Name of F	'erson	Area Code & Day	time 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 enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is er		

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

AMBIONICE SYSTEMS I.I.C.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN 24 AM 10: 45

(Name of the Limited Liabil (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000075673	Company were filed on	06/29/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
			***************************************
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	F	ter Florida street add	MOSS
	En		ress
	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 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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	ROGER KOCH	2137 HIBISCUS CIRCLE NORTH MIAMI FL 33181	Add Remove 
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	<del> </del>		Add Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO
			WHO: #2
Dated	JANUARY 19 ,	2012 .	
	A.	lmfmitt,	
	Signature of a m	·	
		LINDA M SMITH, ESQ.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00