

L11000087935

(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



700210815117

08/12/11--01016--014 **25.00

FILED
11 AUG 18 PM 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 15 2011

EXAMINER

TO:  Registration Section
Division of Corporations

SUBJECT: _____

The enclosed Articles of Amendment and
Please return all correspondence concernin

_____ E-r

For further information concerning this ma

Richard H. McCullo

Name of Person -

Enclosed is a check for the following amo

☒ \$25.00 Filing Fee ☐ \$30.00 Filin
Certificate

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Medy-Tox Sales, 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 08/01/2011 and assigned Florida document number 211000087935.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rev-Screen, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No Change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 AUG 12 PM 4:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

No Change

New Registered Office Address:

No Change

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

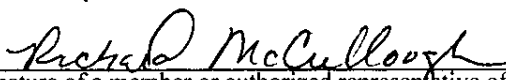
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

11 AUG 18 PM 3:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated August 9, 2011



Signature of a member or authorized representative of a member

Richard H. McCullough

Typed or printed name of signee