L12000091125

Florida Department of State
Division of Corporations
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(((H12000143670 3)))

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JUN 04 2012
L. SELLERS

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIO-MED EQUIPMENT LLC

Certificate of Status	0
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Page Count	02
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIO-MED EQUIPMENT 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 AUGUST 09, 2011 and assigned Florida document number L11000091126.

This amendment is submitted to amend the following:

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

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:
(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent: STEPHANIE LEIGH

New Registered Office Address: 234 NE 3RD ST APT 502
Enter Florida street address

MIAMI, Florida 33132.
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.

X
If Changing Registered Agent, Signature of New Registered Agent: Stephanie Leigh

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CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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: H12000143603.

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Stephanie Leigh	234 NE 3rd St Apt. 502 Miami, FL 33132	☒ Add ☐ Remove
MGR	Buenahora Rivero, Ricardo J	234 NE 3RD ST #502 Miami FL. 33132	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

ADD: LEIGH, STEPHANIE - MGR.
234 NE 3RD ST APT #502. MIAMI FL 33132.
DELETE: BUENAHORA, RIVERO, RICARDO J.
234 NE 3RD ST APT #502 MIAMI FL 33132.

Dated May 31st 2012

X _____
Signature of a member or authorized representative of a member

RICARDO JOSE Buenahora.
Typed or printed name of signee