

L11000098949 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. BOSTICK  
SEP 23 2011

MARK E. FRIED  
PROFESSIONAL ASSOCIATION  
ATTORNEY AT LAW  
1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FLORIDA 33131

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Facsimile (305) 371-5727

E-Mail: [mfried@markfriedlaw.com](mailto:mfried@markfriedlaw.com)

September 21, 2011

Sent via UPS

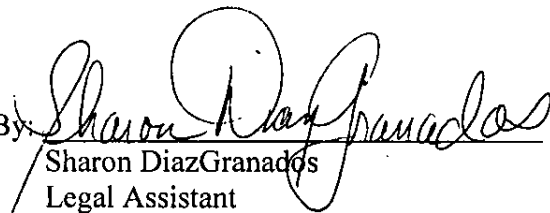
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization  
VELEZ TRADE LLC → ICARE MEDICAL SERVICES LLC

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization that will facilitate the name change for our client's LLC from Velez Trade LLC to ICARE MEDICAL SERVICES LLC. Enclosed is our check number 1343 in the amount of \$30.00 which represents the filing fee and the fee for a Certificate of Status. Please call the undersigned if you have any questions. Thank you.

Sincerely,  
MARK E. FRIED, P.A.

By:   
Sharon Diaz Granados  
Legal Assistant  
[sharon@markfriedlaw.com](mailto:sharon@markfriedlaw.com)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

Enclosure(s)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VELEZ TRADE LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARK E. FRIED, ESQ.**

Name of Person

**MARK E. FRIED, P.A.**

Firm/Company

**1110 BRICKELL AVENUE, SUITE 310**

Address

**MIAMI, FLORIDA 33131**

City/State and Zip Code

**sharon@markfriedlaw.com**

E-mail address: (to be used for future annual report notification)

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STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**MARK E. FRIED**

Name of Person

at ( 305 )

**371-7079**

Area Code & Daytime 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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
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**

**VELEZ TRADE 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 29, 2011 and assigned Florida document number L11000098949.

This amendment is submitted to amend the following:

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

**ICARE MEDICAL SERVICES 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:

(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:

New Registered Office Address:

*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
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		_____	<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.)*

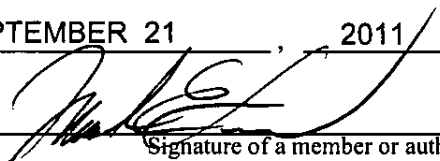
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated SEPTEMBER 21, 2011.



Signature of a member or authorized representative of a member

MARK E. FRIED, Registered Agent

Typed or printed name of signee

STATE  
TALLAHASSEE, FLORIDA

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