L11000138709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE LAW OFFICE OF
YENTL MARTINEZ, P.A.

425 W. Colonial Drive, Suite 101. Orlando, FL 32804
Cell: 407-453-1069
Yentl_M@yahoo.com
Yentlmartinez.com

Yentl MARTINEZ, Esq.

November 30, 2015

VIA U.S. MAIL
Division of Corporations
P. O. Box 6327
Tallahassee, FL, 32314.

(850) 245-6051

RE: Amendment of Articles of Organization for Event Medical Services LLC (Doc. No.: L11000138709, FEIN ID: 45-4025574)

Dear Division of Corporations,

Pursuant to s.605.0202 (2)9d), Florida Statutes, please find the enclosed, typed, Amendment of Articles of Organization for the Limited Liability Company: Event Media Services. Please use the date you receive this amendment as the effective date.

I've enclosed a check for $25 as the filing fee and the LLC's operating agreement. If you have any questions or concerns, please feel free to contact me directly at (407) 453-1069 or email at yentl_m@yahoo.com.

Sincerely,

Yentl Martinez, Esquire.

YM

Enclosure.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Event Medical Services, 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:

David Robinson
Name of Person

Event Medical Services, LLC
Firm/Company

4250 Alafaya Trail, Suite 212-321
Address

Oviedo, FL 32765
City/State and Zip Code

dave.robinson@event-medicalservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Robinson at (321) 662-8242
Name of Person — 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

Event Medical Services, 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 12/09/2011 and assigned Florida document number L11000138709.

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 contain 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)

4250 Alafaya Trail, Suite 212-312
Oviedo, FL 32765

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4250 Alafaya Trail, Suite 212-312
Oviedo, FL 32765

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: David Robinson

New Registered Office Address: 4250 Alafaya Trail, Suite 212-321
Enter Florida street address

Oviedo, **Florida** 32765
City *Zip Code*

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FLORIDA

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Hugh L Greek	1631 Rock Springs Rd., Ste. 309	☐ Add
		Apopka, FL 32712	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Please adopt and file the enclosed operating agreement for Event Medical Services, LLC.

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FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 17th, 2015.

D Robinson

Signature of a member or authorized representative of a member

D ROBINSON

Typed or printed name of signee

Filing Fee: $25.00