L12000039442

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Hame) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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M. MILLIGAN
JUN 12 2018

COVER LETTER

| TO: Registration So Division of Cor | | | | | |
|--|---|---|--|--|--|
| SUBJECT: | | | FEI # 80-0797886 | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | CH | | 6 4 | | |
| | | Name of Person | | | |
| | | MEDICAL VENTURI | 5. 11C | | |
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| | 70 | 44 STANDING | PINES LANG | | |
| | | Address | - | | |
| | 7 | TALLAHASSEE, H | LORIDA 32312 | | |
| | | • | | | |
| | | coailey@ses | orgical. com | | |
| | | | eport notification) | | |
| For further information of | concerning this matter, please c | all: | | | |
| CHAR | LES J. DAILEY | ar (850) | 544-3377 | | |
| | | Area Code | Daytime Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certificate of Status & Certified Copy | | |
| | | •• | (additional copy is enclosed) | | |

MAILING ADDRESS:

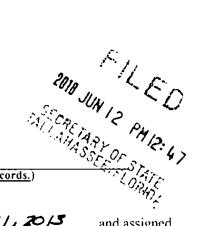
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



(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 v | were filed on JAN 31, 2013 and assigned |
|--|---|
| Florida document number <u># 1120000 39442</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7044 STANDING PINES LONG |
| (Principal office address MUST BE A STREET ADDRESS) | Talluhussel, FL 32312 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered off 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 |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|--|---------------------|
| _mc2 | John Scott Dailey | 7044 Standing Pies Lane Tallamessee. FL 32312 | 🖫 Add |
| • | | | Remove |
| | | | Change |
| mae | CHARLES WILLIAM DAILE | Tollohosser, FL 32312 | DP Add |
| | | | □ Remove |
| | | | Change |
| MGR | Preston Brady Dailey | | D \$\inf \dd |
| | | Tallahassee, FL 32312 | □ Remove |
| | | | Change |
| mor | LAWSON Joseph Dailey | 7044 Standing Pines Lane | D ⁄Add |
| | | Tallohassec, FL 37312 | □ Remove |
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| If an effect Note: If documen the recor | e date, if other than the ive date is listed, the date must the date inserted in this blacks of the December of the date on the December of the day after the recommendate. | st be specific and ock does not n epartment of S | cannot be prior to da neet the applicable tate's records. | te of filing or more that statutory filing requ | irements, this date | .) Pursuant to will not be | listed as | the |
| Dated | June 12 | | 2018 | | ./ | | | |
| | | Signature of a | nember or authorized | d representative of a m | ephber | 200 200 1.2 | 2018 JUN 12 | 4. |
| | | | HARIES 3 | J. DAILEY | | ETARY | JN 12 | |
| | | | Typed or printed na | me of signee | | S 30 | PH 12: 4 | 1 |
| | | | Рапе 3 с | .6.2 | | 27 | ₽. }; | |

Filing Fee: \$25.00