

L12000041724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

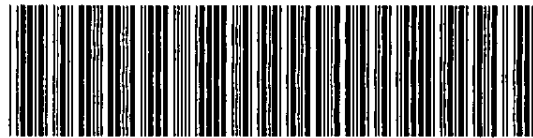
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JUL 17 2012

EXAMINER



100237388661

07/16/12--01050--016 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 16 PM 3:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Importadora de Instrumentos Medicos Avanzados LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 16 PM 3:06

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

Please return all correspondence concerning this matter to the following:

JOSE LUIS RUEDA

Name of Person

Firm/Company

1835 NW 112 AVE UNIT 172

Address

MIAMI FL 33172

City/State and Zip Code

JLRUEDA.VE@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE LUIS RUEDA

Name of Person

at (305)

3925300

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**

Importadora de Instrumentos Medicos Avanzados LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 16 PM 3:06

The Articles of Organization for this Limited Liability Company were filed on MIAMI and assigned
Florida document number L12000041724.

This amendment is submitted to amend the following:

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

N/A

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:

1835 NW 112 AVE UNIT 172

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33172

Enter new mailing address, if applicable:

1835 NW 112 AVE UNIT 172

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33172

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:

N/A

New Registered Office Address:

1835 NW 112 AVE UNIT 172

Enter Florida street address

MIAMI

City

, Florida

33172

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>
MGRM	Rueda, Jose Luis	1835 NW 112 AVE UNIT 172 MIAMI FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Correia Riera, Noraida M	1200 NW 78TH AVE. SUITE 214 DORAL FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lazetera Linares, Benito D	1200 NW 78TH AVE. SUITE 214 DORAL FL 33126	<input type="checkbox"/> Add <input checked="" 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.)*

NONE ADDITIONAL INFORMATION

Dated JULY 11, 2012



Signature of a member or authorized representative of a member

JOSE LUIS RUEDA

Typed or printed name of signee