

Division of Corporations

**L12000041931**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

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

**Email Address:** \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WWW.HEMONC101.COM LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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TALLAHASSEE, FLORIDA

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**T. CLINE**

NOV - 5 2012

**EXAMINER**

**FAX COVER SHEET**

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2012-11-02 07:03:55 PDT
RE	FL SOS - LZ order # 504668986

**COVER MESSAGE**

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TALLAHASSEE, FLORIDA

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Enloe Medical Center 11/1/2012 10:11:23 AM PAGE 3/005 Fax Server

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WWW.HEMONC101.COM 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:

Barbara Dang  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

100 W. Broadway Suite 100  
(Address)

Glendale, CA 91210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(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

2012 NOV -2 AM 09 13  
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TALLAHASSEE, FLORIDA

Enloe Medical Center 11/1/2012 10:11:23 AM PAGE 4/005 Fax Server

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WWW.HEMONC101.COM 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 03/27/2012 and assigned  
Florida document number L12000041931.

This amendment is submitted to amend the following:

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

Luna 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."

**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)

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated

11/1/12

Signature of a member or authorized representative of a member

TONY TALEBI

Typed or printed name of signee

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Filing Fee: \$25.00

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