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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 14 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sainnoval Surgical 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:

Gregory Sainnoval

Name of Person

Sainnoval Surgical

Firm/Company

245 NE 19th Drive

Address

Okeechobee, FL 34972

City/State and Zip Code

Greg@sainnovalsurgical.com

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

For further information concerning this matter, please call:

Gregory Sainnoval

Name of Person

at (863)

623-4486

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

Sainnoval Surgical LLC

Page 1 of 2

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

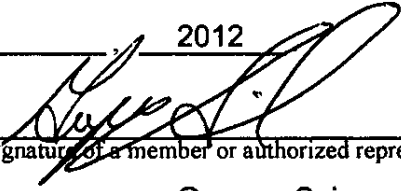
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Article VI
The Members/Managers may in their discretion distribute the profits and/or capital of the LLC business pro rata or non-pro rata as they deem advisable.
If the Members/Managers make non-pro rata distributions, those distributions shall be taken into account in recalculating each Members/Managers Capital Account (and/or Drawing Account) at the end of the LLCs fiscal year.

Dated September 8th 2012


Signature of a member or authorized representative of a member

Gregory Sainnoval

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Additional pages for amendment to Articles of Organization of Sainnoval Surgical, LLC

Article VII

Management Statement

This limited liability company will be managed by its Members

Article VIII

The duration of the company shall be 99 years

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