

L12000049010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

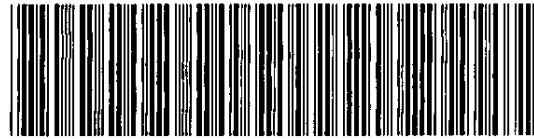
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500230972775

04/30/12--01031--013 **55.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 APR 30 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED 12 APR 30 PM 12:45

FILED

C. LEWIS
APR 30 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC MedTech, 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:

W. Scott Newbern

Name of Person

W. Scott Newbern, PL

Firm/Company

2982 East Giverny Circle

Address

Tallahassee, Florida 32309

City/State and Zip Code

wsnewbern@msn.com

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

For further information concerning this matter, please call:

W. Scott Newbern

Name of Person

at (850)

591-1707

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

FILED

12 APR 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GC MedTech, 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 04/10/2012 and assigned
Florida document number L12000049010.

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 end with 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)

W. Scott Newbern

2982 East Giverny Circle

Tallahassee, Florida 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

W. Scott Newbern

2982 East Giverny Circle

Tallahassee, Florida 32309

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

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
MGRM	Gary A. Lamoureux	49 Peter Road Southbury, CT 06488	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	G.A. Lamoureux Family Fund For Medical Research, LLC	2982 East Giverny Circle Tallahassee, FL 32309	<input checked="" 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 April 27, 2012

Signature of a member or authorized representative of a member
W. Scott Newbern, Esq.
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 APR 30 PM 12:45
FILED