

L 12000092939

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(Address)

(Address)

(City/State/Zip/Phone #)

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13 JAN -7 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

NORTHBRIDGE, LLC

SUBJECT: \_\_\_\_\_  
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:

Iris Rodriguez

\_\_\_\_\_  
Name of Person

Northbridge, LLC

\_\_\_\_\_  
Firm/Company

3104 South Andrews Avenue

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33316

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Iris Rodriguez

954 210-5345

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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13 JAN -7 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**NORTHBRIDGE, 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 July 18, 2012  
and assigned  
Florida document number L12000092939

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This amendment is submitted to amend the following:

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

**Synergy Healthcare Supplies, LLC**

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)**

3104 South Andrews Avenue

Fort Lauderdale, FL 33316

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3104 South Andrews Avenue

Fort Lauderdale, FL 33316

**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:

Iris Rodriguez

New Registered Office Address:

3104 South Andrews Avenue

Enter Florida street address

Fort Lauderdale

Florida

33316

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.*

Iris Rodriguez  
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         | Iris Rodriquez  | 511 Southeast 6th Avenue     | <input checked="" type="checkbox"/> Add |
|              |                 | Deerfield Beach, FL 33441    | <input type="checkbox"/> Remove         |
| MGRM         | Cynthia Charron | 102 North Country Club Drive | <input checked="" type="checkbox"/> Add |
|              |                 | Warwick, RI                  | <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         |

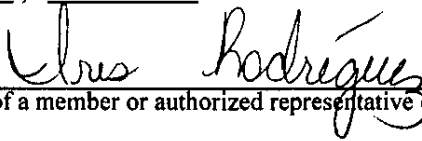
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

The purpose for which this Limited Liability Company was organized for:

NAICS Code 423450 - medical, dental, hospital equipment and supply merchant

wholesaler. NAICS Code 454111 – electronic shopping

Dated December 27, 2012



Signature of a member or authorized representative of a member

Iris Rodriguez

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**