

L/2000105954

(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:

69p

Office Use Only



200298964852

05/10/17--01040--020 **25.00

JUN 01 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 10 PM 3:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

KAREN VERMILYEA
CDS INTERNATIONAL HOLDINGS, INC
3299 NW SECOND AVENUE
BOCA RATON, FL 33431

SUBJECT: AMERICAN MD, LLC
Ref. Number: L10000056389

2017 MAY 31 PM 5:08
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN MD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00009395

2017 MAY 10 PM 3:26

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CDS International Holdings, Inc

May 23, 2017

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE; Letter #L120000105954
American MD, L.L.C.

Dear Sirs;

Please find our corrected Articles of Amendment to Articles of Organization of American MD L.L.C.
Letter # L12000105954.

Our original Articles of amendment inadvertently used Letter # L10000056389 which was a prior
company number which had been dissolved.

We apologize for any inconvenience this may have caused.

Sincerely,

Karen Vermilyea
CDS International Holdings Inc.

17 MAY 10 PM 3:26

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN MD L.L.C.

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:

KAREN VERMILYEA

Name of Person

CDS INTERNATIONAL HOLDINGS, INC

Firm/Company

3299 NW SECOND AVENUE

Address

BOCA RATON, FL 33431

City/State and Zip Code

KAREN.VERMILYEA@CDSHOLDINGS.COM

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 10 PM 3:26

For further information concerning this matter, please call:

KAREN VERMILYEA

561 278-1169
at ()

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

RECEIVED

2017 MAY 31 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AMERICAN MD L.L.C.

(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 August 16, 2012 and assigned
Florida document number L12000105954.

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 contain 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)

3299 NW BOCA RATON BLVD

BOCA RATON FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3299 NW BOCA RATON BLVD

BOCA RATON FL 33431

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 10 PM 3:26

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:

CDS INTERNATIONAL HOLDINGS, INC

New Registered Office Address:

3299 NW BOCA RATON BLVD

Enter Florida street address

BOCA RATON

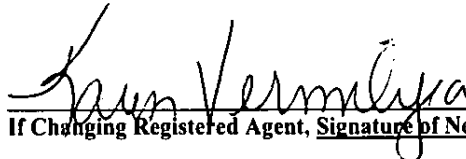
, Florida 33431

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LAPPA LLC	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JEROME RAYMAN	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WILLIAM H MILMOE	3299 NW SECOND AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FELIPE BARRIOS	6101 NW 74TH AVE SUITE A	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 17 10 32 PM '26

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

17 MAY 10 PM 3:28

17 MAY 10 PM 3:26

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 17, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

WILLIAM H MILMOE

Typed or printed name of signee