L12000109874

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GARY ROBERTS & ASSOCIATES P.A.

324 DATURA STREET, SUITE 223 WEST PALM BEACH, FLORIDA 33401 TELEPHONE (561) 686-1800 FACSIMILE (561) 686-1533

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PARALEGALS
KAREN WEBER

FLORIDA REGISTERED PARALEGALS

- * American Board of Neurological Surgery
- American Board of Quality Assurance and Utilization Review
- Admitted District of Columbia Bar
- ** Board Certified Civil Trial Lawyer
- *** Admitted Connecticut Bar

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

January 10, 2013

Re: Metrix Medical, LLC (Amendment to Certificate)

Division of Corporations:

Metrix Medical, LLC (Document Number L12000109874) seeks to file the enclosed amendment to its certificate of formation. Metrix wishes to remove the names of its managing members from the certificate.

Please let me know if there are any issues with the amendment (404-391-6432).

Sincerely,

James H. Calkins, Esq.



COVER LETTER

TO:

Registration Section, Division of Corporations

SUBJECT

METRIX MEDICAL, 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:

James Calkins

Name of Person

Gary Roberts & Associates

Firm/Company

324 Datura Street, Suite 223

Address

West Palm Beach, FL 33401

City/State and Zip Code

James@palmbeachtrialattorney.net

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

For further information concerning this matter, please call:

James Calkins

_{ar},404,391-6432

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)

PLANTS ON 300

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

METRIX MEDICAL, 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 Compar	ny were filed on 08/27/2012	and assigned
Florida document number L12000109874		125 P. 15
This amendment is submitted to amend the following:		PH 3
A. If amending name, enter the new name of the limited lis	ability company here:	TATE OR
The new name must be distinguishable and end with the words "Li-"L.L.C."	mited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter i lorida stre	at adham
	Enter Morida stre	ei adaress
	, Flori	
	City	Zip Code
Now Desistand Agentle Signature if changing Desistand Agen	.4.	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROJO, NICHOLAS JR		Add
			Remove
MGRM	CUSHMAN, JACQUELINE		
			Remove
···			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	Jan. 18, 2013.
	A Call
	Signature of a member or authorized representative of a member
	James H. Calkins
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00