

L 12 000 132263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

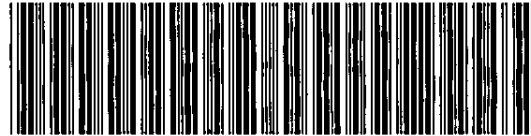
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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VOIDED BY THE FILING OFFICE
TALLAHASSEE, FLORIDA
NOV 04 11 13 AM '13
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J. Shivers NOV 05 2013

**New Castle Medical Distributors, LLC
691 NE 29th Place
Boca Raton, FL 33431
561.324.1341**

October 31, 2013

To Whom It May Concern:

Please let this serve as the cover letter for **New Castle Medical Distributors, LLC** document # L12000132263 as requested for our Articles of Amendment.

You can contact me at:

Lawrence D. Ferk
691 NE 29th Place
Boca Raton, FL 33431

561-324-1341

Thank you in advance for your assistance.

Sincerely,



Larry D. Ferk

RECEIVED
FALLS CHURCH, VIRGINIA
13 NOV -11 PM 12:00
561 324 1341

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

New Castle Medical Distributors, 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 October 17, 2012 and assigned
Florida document number L12000132263.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

New Castle Medical Distributors, 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:

Lawrence David Ferk

Name of Person

New Castle Medical Distributors, LLC

Firm/Company

691 NE 29th Place

Address

Boca Raton, FL 33431

City/State and Zip Code

lferk@me.com

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

For further information concerning this matter, please call:

Lawrence David Ferk

561 324-1341

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

13 APR - 11 PM '00
RECEIVED
TALLAHASSEE, FL 32301
05 11 00

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

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	Frank Melendez	92 SW 3rd Street #3112	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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13 NOV 2015
 10:00 AM
 STATE OF FLORIDA
 SECRETARY OF STATE

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

Dated November 1, 2013



Signature of a member or authorized representative of a member

Lawrence David Ferk

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 NOV - 4 PM 12:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
03:17