Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GHIGLIERI-WINCHESTER GROUP LLC

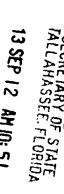
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Corporate Filing Menu





COVER LETTER

TO: Registration Section Division of Corporations Ghiglierl-Winchester Group 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: Carol Ghiglieri Winchester Name of Person Ghiglieri-Winchester Group LLC Plrm/Company 7819 Bergamo Ave Address Sarasota, FL 34238 City/State and Zip Code carolwinchester@comcast.net E-mail address: (to be used for fiture annual report notification) For further information concerning this matter, please call: Carol Ghiglieri Winchester Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐\$55.00 Filing Fee & □\$60.00 Filing Pce,

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(additional copy is enclosed)

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

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☐ \$25.00 Filing Fee

STREET/COURIER ADDRESS: Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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(additional copy is enclosed)

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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Ghiglieri-Winchester Group LLC	ny es it now apagers or	our records.)	3 SEP 12 ANO: 51	
(Name of the Limited Liability Comna (A Florido Limited I	Jability Company)	- AND AND AND	2 - SEE	
The Articles of Organization for this Limited Liability Company	were filed on Noven	nber 16, 2012	and assigned 5	
Florida document number L12000145626			<u>5</u>	
This amondment is submitted to amend the following:			נ	
A. If amending name, enter the new name of the limited lish	illity company here:			
Dysphagia Management Systems LLC				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	5681 Bentgra	ss Drive		
(Principal office address MUST BE A STREET ADDRESS)	#104			
	Sarasota, FL	34235		
Enter new mailing address, if applicable;				
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the n	ame of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
		, Florida	ip Code	
	City	2	p Coae	
New Registered Agent's Signature, if changing Registered Agent:	i .			
I hereby accept the appointment as registered agent and age	ree to act in this capa	olty. I further agree to	o 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

MGR = M	ng Member being added or removed f annger Managing Member		ئىدى كىنى ئىنى ئىنى ئىنى ئىنى ئىنى ئىنى ئىنى ئ
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Dated Soptomber 12 2013

Carol Ghiglieri Winchoster

Typed or printed name of signee

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