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Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER JUN 18 2015

COVER LETTER

SUBJECT:	StriSC Normal String	Internationa ted Liability Company	ILIC.
	Name of Linne	eu Liaonny Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	S	achav ment Name of Person	
	Steris	SCINTERNATION C	el LLC.
	280 S. bev	erly Drive Suit	e 205
	beverl	aty/State and Zip Code	5213
-	E-mail address: (to	o be used for future annual report notificati	h.Carr
For further information cond	erning this matter, please cal	11:	
Sacha Name of Pe	-Vincent	at (112) S8 0-1 Area Code Daytime Tel	200 ephone Number
Enclosed is a check for the f	ollowing 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

TO:

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

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vords "Limited Liability Company," the deather. ET ADDRESS)	esignation "LLC" or t	the abbreviation "L.L.C."
		and the state of t
<u>BOX)</u>		
Mcc address here: <u>Nathan C</u> 40010.Ashlew	arney Drive	wite 0600
	ed Llability Company as it now appear (A Florida Limited Liability Company) iability Company were filed on	boving: If the limited liability company here: Fords "Limited Liability Company," the designation "LLC" or table: IT ADDRESS) For registered office address on our records, enough address here: Dathan Carney Looks Ashey Drive Looks Ashe

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: FILED MGR = Manager AMBR = Authorized Member 2015 JUN 17 AM 10: 06 Address **Type of Action Title** Name □ Add □ Remove ☐ Change _ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add □ Remove

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	Signature of a member or saitho	rized representative of a m	ember	

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Filing Fee: \$25.00