L13000023206

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2013

ANGEL R. MESA 1870 FOREST HILL BLVD WEST PALM BEACH, FL 33406

SUBJECT: MESA MEDICAL, LLC Ref. Number: L13000023206

We have received your document for MESA MEDICAL, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 713A00006350



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MESA 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:	
Avgol R Mesa Name of Person	
Mesa Medical Firm/Company	
1870 FOTOST HILL BLVD	
West Galm Boach FL, 33406 City/State and Zip Code	
Undimosa @ yahoo · com	2013 A SEC:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	APR -I
Vondi & Mesa at (561) 797-52/6 Name of Person Area Code & Daytime Telephone Number	PHIZ: 51 Y OF STATE SEE FLUCKIO
Enclosed is a check for the following amount:	¥ O
(additional copy is enclosed) Certified	te of Status &

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

MESA MEDICAL,	LIC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000033324</u>	y were filed on <u>2/13/13</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1870 FOREST HILL 101 WPB FL. 3340	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1840 porest His Suite 101 WPB,F	1 BLVD EL 33406
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		IIII AP
Name of New Registered Agent:		SS I
New Registered Office Address:	Enter Florida street add	lress of N
	, Florida	Zin Code
	~···y	Lip 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 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>	Name	Address	Type of Action
			Add
			Remove
			Add
			Add
			Remove
			Add*
			F.G. Remove
			rn-< = -
			OF STATE Remove
			<u> </u>
			Add
			Remove

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
••	
ed	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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