117000025815

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J. Shivers DEC 2 6 2013



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

SLATR SURGICAL, 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:

LAWRENCE D. FELDER

Name of Person

LAWRENCE D. FELDER, PA

Firm/Company

1840 SE 1ST AVENUE

Address

FT. LAUDERDALE, FLORDA 33316

City/State and Zip Code

LALKALA@AOL.COM

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

For further information concerning this matter, please call:

LAWRENCE D. FELDER

954 **524-8808**

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 Fce, 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

LAWRENCE D. FELDER, P.A.

1840 SOUTHEAST 1ST AVENUE FORT LAUDERDALE, FLORIDA 33316

TELEPHONE: (954) 524-8808

TELEFAX: (954) 525-6198

December 20, 2013

Registration Section
Division of Corporation
PO Box 6327
Tallahassee Florida 32314

RE: Slatr Surgical, LLC

Document Number: L13000025815

Dear Sirs:

With reference to the above captioned matter, please find enclosed the following:

- 1. Cover Letter
- 2. Articles of Amendment to Articles of Organization

All documents have been properly signed and executed.

Please find enclosed check in the sum of \$30.00 for the Change of Namc.

Please send by return mail the letter of acknowledgement.

Thank you.

Very truly yours,

LAWRENCE D. FELDER, ESQ.

LDF/ag

Encl.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLATR SURGICAL, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13OOO25815</u> .	were filed on 2/19/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
SLATER ENDOSCOPY, LLC	the of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) or this Limited Liability Company were filed on 2/19/2013 and assigned BOOO025815 or amend the following: the new name of the limited liability company here: LLC hable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation address, if applicable: 2350 SW 26TH AVE FORT LAUDERDALE, FLORIDA 33312 Fapplicable: 2350 SW 26TH AVE. FORT LAUDERDALE, FLORIDA 33312 For applicable: POST OFFICE BOX) FORT LAUDERDALE, FLORIDA 33312 For agent and/or registered office address on our records, enter the name of the new ew registered office address here:
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:	2350 SW 26TH AVE
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FLORIDA 33312
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	· ·
·	, Florida
	- Uiv ≥ ZiD.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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

ger naging Member		
<u>Name</u>	<u>Address</u>	Type of Action
		Add
		Remove
		П
		Remove
		Add
		Remove
		Add
		N. mgt
		Remove
	 	Add Add
		Remove
		Add
		Remove
		Kemove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NONE
ated	12/20/2013
	JAUSERA Belley, E. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	LAWRENCE D. FELDER, ESQ.
	Typed or printed name of signee

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Filing Fee: \$25.00