

LI3000026223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

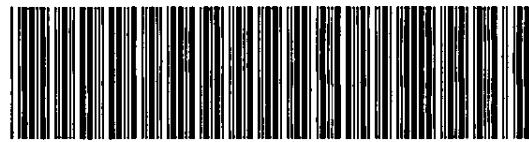
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
FILED

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

ACE MEDICAL 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:

GEORGE CAMACHO

Name of Person

Ace Medical LLC

Firm/Company

9471 Baymeadows Road Suite 405

Address

Jacksonville, FL 32256

City/State and Zip Code

m74sharma@yahoo.com

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

For further information concerning this matter, please call:

Beverly Pateman

904 317-5005

Name of Person

at (_____
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 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

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

ACE MEDICAL 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 27, 2015 and assigned Florida document number L13000026223.

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 contain 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:

RECEIVED
FLORIDA
STATE
FALLAHASSEE, FLORIDA
15 NOV 17 2015
PH 05

Name of New Registered Agent: _____

GEORGE CAMACHO

New Registered Office Address: _____

9471 BAYMEADOWS ROD SUITE 405

Enter Florida street address

JACKSONVILLE

, Florida

City

32256

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 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.

G. Camacho

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>BALRAJ DHARIWAL</u>	<u>382 STONEHURST PARKWAY</u>	<input type="checkbox"/> Add
		<u>ST AUGUSTINE FL 32092</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MADHUKAR SHARMA</u>	<u>8849 CANTERBURY COVE CT</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE FL 32256</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>GEORGE CAMACHO</u>	<u>9471 BAYMEADOWS ROAD 405</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL 32256</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 NOV 17 PM 1:05
REUNION OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If no effective date is listed, the date must be specific and cannot be more than 90 days after filing.) Document # 605-0200

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 27 2015

~~Signature of a Member or authorized representative of a member~~

~~Signature of a member or authorized representative of a member~~

MADHUKAR SHARMA

Typed or printed name of signee