L176000 52781

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





400264262844

09/22/14--01032--001 **30.00



COVER LETTER

TO: Registration Sec Division of Corp		
MedA	Align L.L.C.	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	Robert Quinlisk	
	Name of Person	
	MedAlign L.L.C.	
	Firm/Company	
	4420 Oklawaha Lane	
	Address	
	New Port Richey, FL 34655	
	City/State and Zip Code	
	rqmedalign@gmail.com E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Robert Quir	at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &

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

MedAlign L.L.C.			
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number L13000052381	ity Company were filed on 04/10/2013	and assi	gned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L	.L.C."
Enter new principal offices address, if applicable	e:		<u>, </u>
(Principal office address MUST BE A STREET A	DDRESS)		
			·
Enter new mailing address, if applicable:		. <u></u>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> e address here:	ZS:	of the new
	•	4 SE	North E
Name of New Registered Agent:		<u> </u>	2 #
New Registered Office Address:		SEE 2	o .
	Enter Florida street address	÷ € € € € € € € € € € € € € € € € € € €	3 1 1
·	, Florida	<u> </u>	timi?
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager . . AMBR = Authorized Member Name **Address** Type of Action <u>Title</u> 4420 Oklawaha Lane Abdoulie Jammeh **MGRM** □ Add New Port Richey, FL 34655 Remove □ Add □ Remove _□ Remove ☐ Remove _ Add ☐ Remove

•	
- 10 - 10 - 1	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and	(optional)
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State) ted September 11 , 2014	cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIR