

L13000057051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. SAULSBERRY
EXAMINER

AUG 07 2013

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Bio Medical Health 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:

Jonathan Globerman

Name of Person

Bio Medical Health LLC

Firm/Company

29 Hersey Drive

Address

Ocean Ridge, FL 33435

City/State and Zip Code

j.globerman@gmail.com

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

For further information concerning this matter, please call:

Jonathan Globerman

Name of Person

at (561) 573-0085

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

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DIVISION OF CORPORATIONS
JUL 10 2013

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01161

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

Bio Medical Health 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 April 18, 2013 and assigned
Florida document number L13000057051.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BioMedical Health LLC

The new name must be distinguishable and end with 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)

4800 N Federal Hwy #201B

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4800 N Federal Hwy #201B

Boca Raton, FL 33431

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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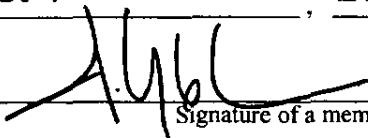
2413 AUG -6 14 52
STATE OF NEW YORK
DEPT. OF TAXATION & FINANCE

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

This is a name change just changing Bio Medical Health LLC to BioMedical Health LLC

(removing space between Bio and Medical) and also an address change

Dated August 1, 2013



Signature of a member or authorized representative of a member

Jonathan Globberman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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4128
OFFICE OF STATE
FACILITY & REGISTRATION

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