

L13000061079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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ST. CLAY COUNTY
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EM 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:

Paul DuFour

Name of Person

A&R Accounting and Tax Associates, Inc.

Firm/Company

26 WEST Blue Sage Ct

Address

Beverly Hills, FL 34465

City/State and Zip Code

Aipaulso@tampabay.rr.com

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

For further information concerning this matter, please call:

SUZANNE SERL

Name of Person

at 778 772-7244

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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TALLAHASSEE, FL
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EM 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 04/26/2013 and assigned
Florida document number L13000061079.

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 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)

SUZANNE SERL

876 WEST 22ND AVENUE

VANCOUVER BC V5Z 1Z9 CANADA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SUZANNE SERL

876 WEST 22ND AVENUE

VANCOUVER BC V5Z 1Z9 CANADA

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

City, Florida

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

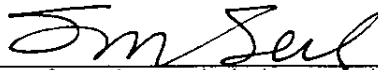
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Morrissey	109 DAWN MARIE DRIVE	<input type="checkbox"/> Add
		PORTSMOUTH, R.I. 02871	<input checked="" type="checkbox"/> Remove
AMBR	Michael Morrissey	109 DAWN MARIE DRIVE	<input checked="" type="checkbox"/> Add
		PORTSMOUTH, R.I. 02871	<input type="checkbox"/> Remove
MGR	EUGEN CRETU-PETRA	46/36 HENNESSY WAY	<input type="checkbox"/> Add
		DANDENONG, N. VICTORIA, NV. 3175 AS	<input checked="" type="checkbox"/> Remove
AMBR	EUGEN CRETU-PETRA	46/36 HENNESSY WAY	<input checked="" type="checkbox"/> Add
		DANDENONG, N. VICTORIA, NV. 3175 AS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 10, 2014.



Signature of a member or authorized representative of a member

SUZANNE SERL

Typed or printed name of signee

2014 DEC -8 PM 12:38
SECRETARY OF STATE
FALL ANNUAL MEETING