

L13 0000 66570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

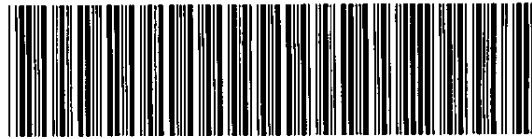
(Business Entity Name)

(Document Number)

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RECEIVED  
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2014 AUG -5 PM 9:38  
CLARK COUNTY, NEVADA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I200000000195

REFERENCE : 243728 149697A

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 4, 2014

ORDER TIME : 5:01 PM

ORDER NO. : 243728-010

CUSTOMER NO: 149697A

DOMESTIC AMENDMENT FILING

NAME: CARESTREAM MEDICAL, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

2014 AUG -5 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

210000

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CARESTREAM 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:

**LEIGH A. WILLIAMS, ESQUIRE**

Name of Person

**SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.**

Firm/Company

**1031 WEST MORSE BLVD. SUITE 350**

Address

**WINTER PARK, FL 32789**

City/State and Zip Code

**lwilliams@swannhadley.com**

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

For further information concerning this matter, please call:

**Leigh Williams**

Name of Person

at **407 647-2777**

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

2014 AUG -5 AM 9:39  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

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

CARESTREAM 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 May 7, 2013 and assigned  
Florida document number L13000066570.

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)

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:**

Name of New Registered Agent:

Swann Hadley Stump Dietrich & Spears, P.A.

New Registered Office Address:

1031 West Morse Boulevard, Suite 350

Enter Florida street address

Winter Park

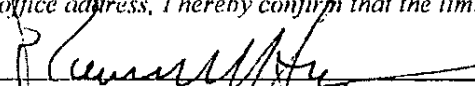
Florida 32789

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MOHAMED SHARIFF	13506 SUMMERPORT VILLAGE PARKWAY UNIT #327, WINDERMERE, FL 34786	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Sperry International, Inc.	13506 SUMMERPORT VILLAGE PARKWAY UNIT #327, WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

2014 AUG 5 10:38  
STANDARD TIME  
STANDARD TIME  
STANDARD TIME

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

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filing date, except in cases where more than 90 days after the date this document is filed by the Florida Department of State)

Dated

July  
X O

2014

Signature of a member or authorized representative of the member

**Alan Sperry**  
AS PRESIDENT OF  
SPERRY INTERNATIONAL, INC.,  
MEMBER

2014 AUG -5 AM 9:33  
CLERK OF STATE  
TALLAHASSEE, FL 32399