

U13000086558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

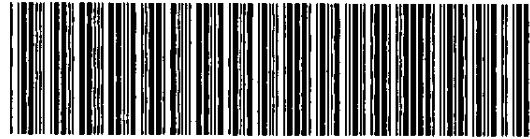
(Business Entity Name)

(Document Number)

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2013 AUG 28 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 29 2013

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ability Medical Health & Wellness, 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:

**Alex Espenkotter**

Name of Person

**Heller Waldman, PL**

Firm/Company

**3250 Mary Street, Suite 102**

Address

**Coconut Grove, FL 33133**

City/State and Zip Code

**ae@hellerwaldman.com**

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

For further information concerning this matter, please call:

**Alex Espenkotter**

Name of Person

at **305 448-4144**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ability Medical Health & Wellness, 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 06/14/2013 and assigned  
Florida document number L13000086558.

This amendment is submitted to amend the following:

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

Ability Medical HW, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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**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>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             |                |                                 |

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ADD  
REMOVE  
ADD  
REMOVE

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

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**Dated** \_\_\_\_\_



Signature of a member or authorized representative of a member

**Richard R. Allen, Manager**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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