L13000111804

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2011 JUL 21 P 3 09
SECRETARY OF STATE

B. BOSTICK
JUL 21 2014
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

RBT MEDICAL PRODUCTS LLC

SUBJECT

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:

CHRISTOPHER WARNER

Name of Person

RBT MEDICAL PRODUCTS LLC

Firm/Company

608 BROOKFIELD PLACE

Address

APOPKA, FL 32712

City/State and Zip Code

LJN@NEUMANCO.COM

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

For further information concerning this matter, please call:

CHRISTOPHER WARNER

I (_____

107、718-1223

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBT MEDICAL PRODUCTS 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 AUGUST 19, 2013 and assigned Florida document number L13000116804 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) بب 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

other information, enter change(s) l	nere: (Attach additional sheets, if necessary.)
any other and	
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
Dated July 16 2014	4
	<u>·</u> ·
the Wa	
CHRISTOPHER WARNER	uthorized representative of a member
	rinted name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JUL 21 P 3: 09
SEGRETARY OF STATE
ALLASSEF FI ORIGA

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 **Title** Address Type of Action Name | 608 BROOKFIELD PLACE MGR SCHAMBECK, FRANK **APOPKA, FL 32712 ■** Remove 608 BROOKFIELD PLACE NANCI WARNER MGR APOPKA, FL 32712 ☐ Remove □ Add ט ___ □ Remove □ Add ☐ Remove ☐ Add ☐ Remove