

L13000153571

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(City/State/Zip/Phone #)

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(Business Entity Name)

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15 MAR 20 14 09:24  
CLERK

Amendment

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** InterMed Solutions 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:

Alberto Galvan

Name of Person

InterMed Solutions LLC

Firm/Company

820 NW 20th Terrace.

Address

Gainesville, FL 32603

City/State and Zip Code

alberto.galvan@puncturenote.com

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

For further information concerning this matter, please call:

Alberto Galvan

at (352)

284-1995

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JAN 12 2004  
12:00 PM

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

InterMed Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

RECEIVED  
15 MAR 20 11  
11-11-11  
11-11-11

The Articles of Organization for this Limited Liability Company were filed on October 31, 2013 and assigned  
Florida document number L13000153571

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:

\_\_\_\_\_

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<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.)*

See Attached - Amendment to articles of organization of InterMed Solutions.

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**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 Wednesday March 18th, 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alberto Galvan

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

FILED  
15 MAR 20 PM 0:24  
STATE OF FLORIDA  
TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO THE ARTICLES OF ORGANIZATION OF  
INTERMED SOLUTIONS, LLC

Intermed Solutions, LLC, a Florida limited liability company, in order to amend its Articles of Organization in accordance with Chapter 605, Florida Statutes, does hereby state as follows:

1. The Articles of Organization of the company were filed by the Florida Secretary of State on or about October 31, 2013.
2. This Amendment to the Articles of Organization will completely delete the existing Article V (replacing it with new Article V) and will add a new Article VII.
3. This amendment was adopted by the limited liability company.
4. These Articles of Amendment to the Articles of Organization shall be effective immediately upon filing by the Florida Secretary of State and thereafter Article V and Article VII shall read as follows:

\*\*\*\*\*

ARTICLE V  
MANAGEMENT

All powers of the limited liability company shall be exercised by or under the authority of, and the business affairs of the limited liability company shall be managed by or under the direction of the managers of the limited liability company. The initial Board of Managers of this limited liability company shall consist of one person. Each manager shall hold a term greater than a) one year, or b) until the election of his or her successor; provided that any manager may be removed as prescribed by an Operating Agreement adopted and approved by the

Members and the Company. The name and current address of the initial Manager is:

Alberto Galvan 820 NW 20th Terr. Gainesville, Florida 32603

#### Article VII

##### RESTRICTIONS ON MEMBERSHIP

New members shall be admitted to the limited liability company on approval of the Board of Managers. Contributions required of new members shall be determined by the Board of Managers as of the time of the admission of the new members to the limited liability company. A member's interest in the limited liability company may not be sold without the approval and consent of the Board of Managers and, if applicable, as prescribed by an Operating Agreement adopted and approved by the members and the Company.

IN WITNESS WHEREOF, Intermed Solutions, LLC has caused these Articles of Amendment to the Articles of Organization to be executed this Wednesday 18th day of March, 2015.

A handwritten signature in black ink, appearing to read 'Alberto Galvan', is written over a horizontal line.

Alberto Galvan