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To:

Division of Corporations

Fax Number : (950) 617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number: I20010000062

Phone : (323) 962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ICHATMED, LLC

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FAX COVER SHEET

ТО	***************************************	
COMPANY		
FAX NUMBER	18506176383	
FROM	Emma Richardson	
DATE	ATE 12/13/2013 8:29:10 AM PST	
RE	E FL Amendment LZ Order #500477947	

COVER MESSAGE

Emma Richardson

Document Processor, Business Services

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TO:

Uglow Medical

Registration Section

831-25C-7439

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COVER LETTER

Division of Corporations		
SUBJECT: ICHATMED, LLC		
	ited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	•	
- Samuel Control of the Control of t		
Imelda Vasquez		
	(Name of Person)	For 13
Legalzoom.com, Inc.		
	(Firm/Company)	
400 M. Broodway St	ito 100	
100 W. Broadway St	(Address)	
	(The Age
Glendale, CA 91210		<u>2</u>
	(City/State and Zip Code)	7.4
For further information concerning this matter, please of	all:	
Imelda Vasquez	at (323) 962-8600 ext 7950 (Area Code & Daytime Telephone	a Th'i sannin an i
(Name of Person)	(Area Code & Payante Telejinone	: Number)
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status		D.CO Filing Fee, Certificate of Status &
Centificate of Status	(additional copy is enclosed)	Certified Copy
	(1	additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDR	ESS:
Registration Section Division of Comprations	Registration Section Division of Corporations	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Uglow Medical

831-250-7439

n.2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address	s on our records, enter the name of the new
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the new
	s on our records, enter the namesof the new
registered agent and/or the new registered office address here:	s on our records, enter the namesof the new

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)

MGR = Manager

Uglow Modical

831-250-7439

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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:

<u> </u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
,			Add W. Remove
	,		Add
D, If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	nry.)
-			
Dated	12/2:13		
	()	per or authorized representative of a member lacqueline Eidelson ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00