

L13000167386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECTION OF STATE  
FILED  
TALLAHASSEE, FLORIDA

14 FEB 24 PM 3:30

APPROVED  
AND  
FILED

FEB 24 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APPLIED MEDTECH, 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:

W. SCOTT NEWBORN  
Name of Person

W. SCOTT NEWBORN, PLLC  
Firm/Company

2982 EAST GWEENY  
Address

TALLAHASSEE FL 32309  
City/State and Zip Code

WSNEWBORN@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[Signature] at (850) 591.1707  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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

WALTER SCOTT NEWBERN, III

Attorney At Law

VIA U.S. MAIL

February 10, 2014

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

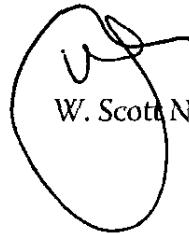
RE: First Amendment To Articles Of Organization  
Applied MedTech, LLC

Dear Mmes./Mssrs.:

Please see attached for filing the First Amendment To Articles Of Organization confirming company officers and management.

If there are any questions, please advise.

Sincerely,

A handwritten signature in black ink, appearing to be 'W. Scott Newbern', is written over a large, hand-drawn oval. The signature is fluid and cursive.

W. Scott Newbern

cc: Gary A. Lamoureux  
Juan Carlos Diaz



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2014

W. SCOTT NEWBERN  
WALTER SCOTT NEWBERN, III  
2982 E GIVERNY CIR  
TALLAHASSEE, FL 32309

SUBJECT: APPLIED MEDTECH, LLC  
Ref. Number: L13000167386

We have received your document for APPLIED MEDTECH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document does not meet the requirements.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 314A00003267

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>
MGR	JUAN CARLOS DIAZ	19920 N.W. 8 <sup>th</sup> ST.	<input checked="" type="checkbox"/> Add
VICE PRESIDENT		PENBROOK PINES FL 33029	<input type="checkbox"/> Remove
MGR	W. SCOTT PEURSEN	2982 EAST GIVERNY CIR.	<input checked="" type="checkbox"/> Add
GENERAL COUNSEL		TALLAHASSEE FL 32309	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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

July 24, 2014

W. Scott Newson

Signature of a member or authorized representative of a member

W. Scott Newson General Counsel

Typed or printed name of signee