

L14000100355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

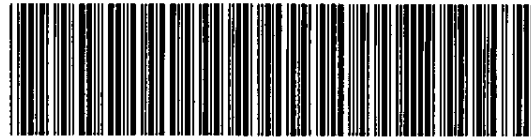
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100268119831

01/15/15--01008--001 **25.00

FILED

2015 JAN 15 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axxis Medical, 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:

Craig Wertkin

Name of Person

Axxis Medical

Firm/Company

5801 Congress Ave

Address

Boca Raton Florida 33487

City/State and Zip Code

Craig@axxismedical.com

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

For further information concerning this matter, please call:

Craig Wertkin

561 405-9300
at ()

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

1

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



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>
AMBR Mr.	Shae Adams	5801 Congress Ave	<input type="checkbox"/> Add
		Boca Raton, Florida 33487	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 15 PM 1:55

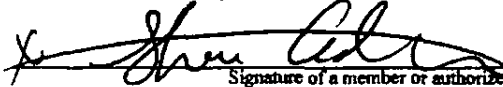
FILED

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

E. Effective date, if other than the date of filing: _____ (optional)

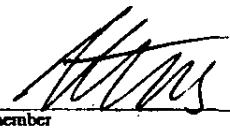
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/31/2014



Signature of a member or authorized representative of a member

Shae Adams



CRAIG WERTEN

Typed or printed name of signee

 Page 3 of 3

11/3/2014

Filing Fee: \$25.00

2015 JAN 15 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Shae Adams
7998 Clementine Drive
Boynton Beach, Florida 33436

November 3, 2014

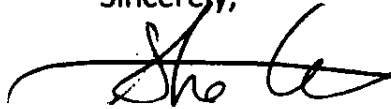
Axxis Medical, LLC
5801 Congress Avenue
Boca Raton, Florida 33487

To the Managers of Axxis Medical, LLC

Please accept this letter as my resignation as a member/manager of Axxis Medical, LLC.

Furthermore, allow this letter to serve as my relinquishing and claim to equity or profits from Axxis Medical, LLC.

Sincerely,



Shae Adams

FILED

2015 JAN 15 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA