

L14000114834

(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



900265081289

10/14/14--01047--017 \*\*30.00

FILED  
14 OCT 14 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2014  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aitken's Medical Sales L.L.C.  
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:

Michael Aitken  
Name of Person

Aitken's Medical Sales L.L.C.  
Firm/Company

10600 4th St. N. Apt. 1018  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

Aitken depuy@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Aitken at (819) 819-0478  
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

Aitken's Medical Sales L.L.C.

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

FILED  
14 OCT 14 PM 12:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/21/2014

Florida document number L14000114834

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)

10600 4<sup>th</sup> St N, Apt 1018  
St. Petersburg, FL 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10600 4<sup>th</sup> St. N. Apt. 1018  
St. Petersburg, FL 33716

**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:

Michael G. Aitken

New Registered Office Address:

10600 4<sup>th</sup> St. N. Apt. 1018

Enter Florida street address

St. Petersburg, Florida 33716  
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.

Michael G. Aitken  
If Changing Registered Agent, Signature of New Registered Agent

Depending 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	Michael G. Aitken Sr.	10600 4 <sup>th</sup> St. N. <del>Apt. 820</del>	<input type="checkbox"/> Add
		Apt. 820	<input checked="" type="checkbox"/> Remove
		St. Petersburg FL, 33716	
AMBR	Michael G. Aitken	10600 4 <sup>th</sup> St. N. Apt. 1018	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33716	<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

FILED  
14 OCT 14 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

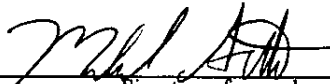
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN # 0 is now 47-1776176

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 October 9<sup>th</sup>, 2014.



Signature of a member or authorized representative of a member

Michael Aitken

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 OCT 14 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA