

L15 0000 02788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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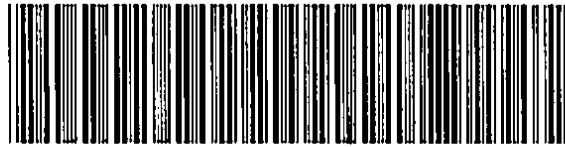
(Business Entity Name)

(Document Number)

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17 AUG -7 AM 7:07
TALLAHASSEE, FLORIDA

AUG 08 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: *MEDEQUIP CALIBRATION AND ProLument Services LLC
[MCAPS] 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:

PAUL RAFFAELI
Name of Person

* see subject line
Firm/Company

2017 Overview Drive
Address

NEW Port Richey FL 34655
City/State and Zip Code

PAUL RAFFAELI 85@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAME at 727 808 1907
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

MEOEQUIP CALIBRATION AND Maintenance Services

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

The Articles of Organization for this Limited Liability Company were filed on 1/6/2015 and assigned
Florida document number L15000002785

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2017 Overview Drive
New Port Richey FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2017 Overview Drive
New Port Richey FL 34655

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:

N/A

New Registered Office Address:

~~2017~~ 2017 Overview Drive
Enter Florida street address

NEW Port Richey, Florida 34655
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

17 AUG 7 44 7:07
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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

Blank lined area for amendments, crossed out with a large diagonal line.

17 AUG -7 AM 7:07
DEPARTMENT OF STATE
CALIFORNIA SECRETARY OF STATE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 1 (ONE) 2017

Signature of a member or authorized representative of a member

PAUL RAFFAGLI
Typed or printed name of signer