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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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SECREMANDERS MATE

J. HARRIS

COVER LETTER

	legistration Sec Division of Corp			
SUBJECT	NOVIA ME	EDICAL, LLC		
SUBJECT		Name of Lim	Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: D. Wallace Name of Person	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		Robert D. Wallace		
			Name of Person	
			Firm/Company	
		15105 NW 94 Avenue		
			Address	
		Alachua, Florida 32615		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	r information co	ncerning this matter, please ca	all:	
Robert D.	Wallace		352 219-5825	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	e following amount:		
\$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

NOVIA MEDICAL, LLC		
(Name of the Limited)	Jability Company as it now appears on our record Florida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on July 9, 2015	and assigned
Florida document number L15000118193		
Fiorida document number	•	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Capmic, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
		
		ACE 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	57 ~
		※
		10 TO 1000
B. If amending the registered agent and/or		77 TE 185
b. It amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	s, enter the name of the nev
egistered agent and/or the new registered office	e audi ess nei e.	OS RIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	елиет r изгиса street cacare	33
_	, F	lorida
-	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
			_ □ Remove
			_ □ Change
			□ Add
		MATERIAL STATE OF THE STATE OF	□ Remove
			□ Change
			
			□ Remove
			Change
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			Add □ Remove
			□ Change

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Note: If the locument's see record	ate, if other than the date is listed, the date mue date inserted in this be effective date on the E specifies a delayed h day after the received	lock does not m Department of St d effective di	eet the applicabl ate's records.	e statutory filing r	equirements, this o	late will not be lis	ted as
ated	April	29,	2016	,			
	April Routs		<u> </u>	ed representative of		16 M SECA TALLA	
	Robert D. Wallace	Signature of a m	nember or authoriz	ed representative of	a member	TANK TANK TANK TANK TANK TANK TANK TANK	44.5 44.55 1.178
-	· · · · · · · · · · · · · · · · · · ·		Typed or printed r	name of signee		TO THE	1 207
						H 1:05 FSTATE FLORIDA	
			Page 3	of 3		10 A	

Filing Fee: \$25.00