

From:

05/11/2016 10:35

#493 P.001/005

L16 00055293

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000116742 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALLEN DELL, P.A.
Account Number : I20040000136
Phone : (813)223-5351
Fax Number : (813)229-6682

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PZX MEDICAL SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2016

S. YOUNG

From:

05/11/2016 10:35

#493 P.002/005

((H16000116742 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PZX MEDICAL SOLUTIONS, 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:

JOSEPH RUGG

Name of Person

ALLEN DELL, P.A.

Firm/Company

202 SOUTH ROME AVENUE, SUITE 100

Address

TAMPA, FLORIDA 33606

City/State and Zip Code

jrugg@allendell.com

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

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TALLAHASSEE, FLORIDA
16 MAY 11 AM 10:01

For further information concerning this matter, please call:

JOSEPH RUGG

813 769-3941

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

((H16000116742 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H16000116742 3)))

PZX MEDICAL SOLUTIONS, LLC

(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 03/18/2016 and assigned
Florida document number L16000055293.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City

Florida

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

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR

KRUTIKA PATEL

19103 AVENUE BAYONNES

☒ Add

LUTZ, FL 33558

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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