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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

K. SALY MAR 1 4 2018

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Blach Name of Lim	InfuSion ⁵ .	PLC
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		CLUX Adam	<u></u>
	the	Medi Jaw F.	vm
	2151	S. Leteune ?	20 #306
	- Coral	City/State and Zip Code	53184 irm.com
	E-mail address: (to be used for future annual report notifi	eation)
For further information con-	cerning this matter, please ca	alt;	
Name of P	erson Adams	at (<u>505)</u> <u>UUU</u> Area Code Daytime	- SYSY 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

FIL.

ARTICLES OF OF	18 " ED
OF	MAR 13
(Name of the Limited Liability Company (A Florida Limited Lia	NEUS (ON) PUCC A PM R. STATE STATE OF S
The Articles of Organization for this Limited Liability Company w Florida document number	were filed on $05/10/20/0$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	hids Pccc.
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Scine
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Samo
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	Same
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	GR = Manager IBR = Authorized Member		FILED		
<u>Title</u>	Name Colva l	<u>Address</u>	FILED 18 MAR 12 PM 12: 44 SLORETARY OF STATE TALL MILESSEE, FLORIDA	Type of Action	
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	Amending	Name.	FILED
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e: If the date inserted in thi	must be specific and cannot be prior s block does not meet the applic	cable statutory filing requ	(optional) un 90 days after tiling.) Pursuant to 605.02 airements, this date will not be listed
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ecord specifies a dela ne 90th day after the	yed effective date, but no record is filed.	ot an effective time,	at 12:01 a.m. on the earlier
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	Signalure of a member or auth	orized representative of a re	nember

Page 3 of 3

Filing Fee: \$25.00