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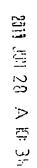
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COVER LETTER

	tion Section of Corporations				
SUBJECT:	INNOVATIVE W	NEDICAL COMPONENT ime of Limited Liability Company	s, LLC		
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.			
Please return all c	orrespondence concerning th	nis matter to the following:			
	<u> </u>	P. BELLO Name of Person			
		LTY WACHINING J Firm-Company	INC		
	25430	NW Sth LANE Address	Suire 100		
	New Berr	City/State and Zip Code ORCIALTY MACHINING Taddress: (to be used for future annual		311 JUN 28	-17
	Auld e S	Decially MACHINING address: (to be used for future annual	report notification)	69 -> >	11
For further inform	nation concerning this matter	, please call:		, 6: 3b	ر،
DAVIO	P. Bello Name of Person	at (352) Area Code	472-5/30 Daytime Telephone Number		
Enclosed is a chec	ck for the following amount:				
\$25,00 Filing	Fee S30,00 Filing F Certificate of		Certificat closed) Certified	te of Status &	

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

IN NOVATIVE MEDICAL COMPONENTS, 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 8117 2016 and assigned Florida document number L 16000153804.

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
MEDICAL REPLACEMENT PARThe new name must be distinguishable and contain the words "Limited Liability	Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	23
	~
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	: · · · · · · · · · · · · · · · · · · ·
	,
New Registered Office Address:	Enter Florida street address
	, Florida
	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

Page 1 of 3

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

<u> </u>	<u>Name</u>	Address	Type of Action
		□ Remove	
			☐ Change
			Add
			Change
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Ifective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requirer beament's effective date on the Department of State's records.	(optional)) days after filing.) Pursuant to 605, nents, this date will not be liste	0207 (d as t
record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlie	er of:
ated 6/25 1 2918)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00