L17000094059

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FILED IN 15 PH 12: 30

D. SCOTT JUN 1 9 2017

COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	Vikand Med	lical, LLC			
SOBJECT.		Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		James Robert Wren, Jr.			
			Name of Person		
		Vikand Corporate Holding	s, LLC		
			Firm/Company		
305 S Andrews Ave., Suite 301					
			Address		
		Ft. Lauderdale, FL 33301			
		h.h	City/State and Zip Code		
		bob.wren@vikand.com E-mail address: (to be used for future annual report notifica	tion)	
For further	information co	oncerning this matter, please ca	all:		墨皇子
James Robe	ert Wren, Jr.		704 236-0808		SAR TO
	Name of	FPerson		elephone Number	FILED JUN 15 PH 12: 30 PHILES STATES
Enclosed is	a check for th	e following amount:			•
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	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

Vikand Medical, 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 4/27/2017 and assigned
Florida document number L17000094059
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Vikand Medical Solutions, LLC
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address , Florida
City Zip Code T
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 complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = MGR	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
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			☐ Remove
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ective date, if other than the	e date of filing: st be specific and cannot be pr	ior to date of filing or m	optiona (optiona) ore than 90 days after filin	I) .g.) Pursuant to 605.02
te: If the date inserted in this b	lock does not meet the app	licable statutory filin	g requirements, this dat	e will not be listed
cument's effective date on the I	Department of State's record	ds.		
record specifies a delaye		not an effective t	time, at 12:01 a.m	. on the earlier
he 90th day after the rec	cora is filea.			沙宝 温
June 12	2017			- BA F
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	Signature of a member or au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00