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17 JUN 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vikand Medical, 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:

James Robert Wren, Jr.

Name of Person

Vikand Corporate Holdings, LLC

Firm/Company

305 S Andrews Ave., Suite 301

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

bob.wren@vikand.com

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

For further information concerning this matter, please call:

James Robert Wren, Jr.

704 236-0808
at ()

Name of Person

Area Code

Daytime 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

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TALLAHASSEE, FLORIDA

Vikand Medical, LLC

The Articles of Organization for this Limited Liability Company were filed on 4/27/2017 and assigned Florida document number L17000094059.

Vikand Medical Solutions, LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated June 12, 2017.

Signature of _____

Signature of a member or authorized representative of a member

James Robert Wren, Jr.

Typed or printed name of signee

Filing Fee: \$25.00