

U7000148216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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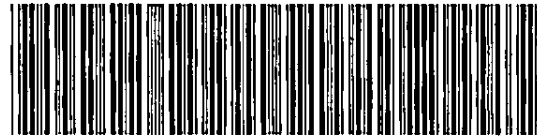
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
AUG 2 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTem 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:

Anna Talerico
Name of Person

Firm/Company

1530 SE 12TH ST
Address

Deerfield Beach FL 33441
City/State and Zip Code

PJLawrenson@Totemmedicalsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Talerico at (954) 864-4027
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

ToTem Medical Solutions LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AP	Anna Talerico	1530 SE 12 th St	<input type="checkbox"/> Add
		Deerfield Beach	<input checked="" type="checkbox"/> Remove
		FL 33441	<input type="checkbox"/> Change
MGR	Paul Lawrenson	1530 SE 12 th St	<input checked="" type="checkbox"/> Add
		Deerfield Beach,	<input type="checkbox"/> Remove
		FL 33441	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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.

Dated JULY 26. 2017.

A R Talavera

Signature of a member or authorized representative of a member

Anna R. Talerico

Typed or printed name of signee