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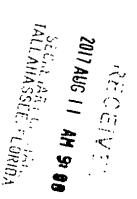
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18 AUG SEE FLORIDA



S. WARREN AUG 1 4 2017

COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Stuart Sutta		
		Name of Person	
	International Medical Fina	nce LLC	
		Firm/Company	
	8284 SW 196 Terr		
		Address	
	Cutler Bay Fl 33189		
		City/State and Zip Code	
	SSUTTA@KSDT-CPA.CC		
	E-mail address: (to be used for future annual report notifi	cation)
or further information of	concerning this matter, please c	all:	
Stuart Sutta		305 898-6226	
Name c	of Person	at () Area Code Daytime	Telephone Number
inclosed is a check for t	he 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 enclose

MAILING ADDRESS:

Registration Section

Division of Corporations

ro:

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

International Medical Finance LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	<u>ur records.</u>)	-
The Articles of Organization for this Limited Liability Company lorida document number <u>L1700157701</u> .	were filed on July 2	4 2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	Stuart Sutta MGR		
Principal office address MUST BE A STREET ADDRESS)	8284 SW 196 Terr		
	Cutler Bay FL 33189		•
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent:		records, enter th	e name of the ne
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida str	eet address	
		Florida	
Van Danistanad Amark's Simoton of June 19 June 19 Amark	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agrovosisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	- ree to act in this capac : performance of my d	uties, and I am fan	niliar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>l'itle</u>	Name	<u>Address</u>	Type of Action
MGR	Michael Mader	5730 NW 120 AVE	
		Coral Springs, FL 33076	Remove
			Change
MGR	Stuart Sutta	8284 SW 196 Terr	= Add
		Cutler Bay FL 33189	□ Remove
		·	Change
			□ Remove
			☐ Change
		- 	
			Remove
			☐ Change
			Add
			Remove
			Change

						
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	date, if other than th	ast be specific and c block does not me	annot be prior to date et the applicable sta	of filing or more than 9 atutory filing require		g.) Pursuant to 605,0207
(If an effect Note: If	the date inserted in this b	Department of Sta	ne 3 records.			
(If an effect Note: If document	the date inserted in this b	ed effective da		effective time, at	12:01 a.m.	on the earlier of
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(If an effect Note: If document f the recorb) The 90	the date inscrted in this best of the following the follow	ed effective da	te, but not an e	effective time, at	12:01 a.m.	on the earlier of
(If an effect Note: If document f the recorb) The 90	the date inscrted in this best of the following the follow	ed effective da cord is filed.	te, but not an e	effective time, at	 <u>!-</u>	on the earlier of
(If an effect Note: If document the recorb) The 90	the date inscrted in this best of the following the follow	ed effective da cord is filed. Signature of a me	te, but not an e	epresentative of a mem	 <u>!-</u>	17 AUG 11
(If an effect Note: If document f the recorb) The 90	the date inscried in this be's effective date on the Is's effective date and the Is's effective date on the Is's effective date of the Is's effective date o	ed effective da cord is filed. Signature of a me	te, but not an e	epresentative of a mem	 <u>!-</u>	// 17

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