

L18000108861
Florida Department of State
Division of Corporations
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Email Address: maria@cpasandtaxes.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CURELOGICS WOUND CARE AND HYPERBARIC L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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CURELOGICS WOUND CARE AND HYPERBARIC L.L.C.

(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 _____ and assigned Florida document number L18000108861.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

801 CR 466, UNIT C-201, LADY LAKE, FL 32159

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

801 CR 466, UNIT C-201, LADY LAKE, FL 32159

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHRIKANTH UPADYA	5640 SPINNAKER LOOP	<input type="checkbox"/> Add
		LADY LAKE, FLORIDA 32159	<input checked="" type="checkbox"/> Remove
AMBR	SHRIKANTH UPADYA	5640 SPINNAKER LOOP	<input checked="" type="checkbox"/> Add
		LADY LAKE, FLORIDA 32159	<input type="checkbox"/> Remove
MGR	VISHNU YELAMANCHI	400 LAKE POINTE BLVD	<input type="checkbox"/> Add
		MOUNT DORA, FLORIDA 32757	<input checked="" type="checkbox"/> Remove
AMBR	VISHNU YELAMANCHI	400 LAKE POINTE BLVD	<input checked="" type="checkbox"/> Add
		MOUNT DORA, FLORIDA 32757	<input type="checkbox"/> Remove
AMBR	NORMAN SALDUA NOVIS	1008 MYRTLE BREEZES COURT	<input checked="" type="checkbox"/> Add
		FRUITLAND PARK, FLORIDA 34731	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

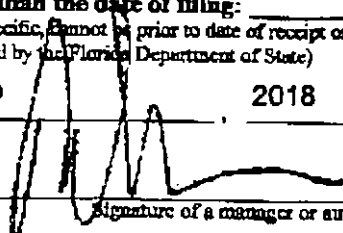
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 2ND 2018



Signature of a manager or authorized representative of a member

NORMAN SALDIA NOVIS

Typed or printed name of signer