

L18000147100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

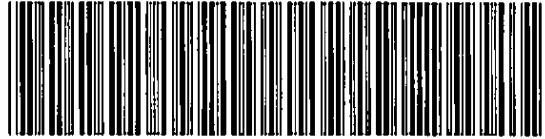
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000327614210

04/09/18--01028--004 **35.00

RECEIVED
TALLAHASSEE, FLORIDA

2018 APR 9 A 12:32

FILED

APR 18 2018

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOTZ MEDICAL U.S.A. 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:

FABIAN BARREDA

Name of Person

N/A

Firm/Company

18383 NE 4TH COURT

Address

MIAMI, FL 33179

City/State and Zip Code

FBARREDA777@GMAIL.COM

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

For further information concerning this matter, please call:

FABIAN BARREDA

Name of Person

at (305) 203 9208

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YOTZ MEDICAL U.S.A. LLC

2013 APR 9 A 12:32

(Name of the Limited Liability Company as it now appears on our records) YOTZ MEDICAL U.S.A. LLC
(A Florida Limited Liability Company) ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/14/18 and assigned Florida document number L18000147100.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18383 NE 4TH COURT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

Enter new mailing address, if applicable:

18383 NE 4TH COURT

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33179

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:

FABIAN BARREDA

New Registered Office Address:

18383 NE 4TH COURT

Enter Florida street address

MIAMI

Florida 33179

City

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 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>
MGR	ELENA FULLER	2240 W. WOOLBRIGHT ROAD, STE 403	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIAN BARREDA	18383 NE 4TH COURT MIAMI, FL 33179	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

_____, _____ day after the record is filed.

_____, April 3rd, _____, 2019.

Signature of a member or authorized representative of a member

Steven E. Wallace, Esq.

Typed or printed name of signee