

11/27/2018 7:08 PM FAX

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11/27/2018

Division of Corporations

L18000204122

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000204122

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HADAS ACCOUNTING AND TAX SERVICES
Account Number : 120170000018
Phone : (305)222-2289
Fax Number : (305)221-3810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2018 NOV 28 AM 9:24
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TECHNOMEDICAL LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

T. CLINE
NOV 29 2018
EXAMINER

2018 NOV 28 PM 7:38

Electronic Filing Menu

Corporate Filing Menu

Help

L18000204122

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TECHNOMEDICAL 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:

HENRY COSTA
Name of Person

HADAS ACCOUNTING & TAX SERVICES INC
Firm/Company

210 SW 107TH AVE
Address

MIAMI FL 33174
City/State and Zip Code

HADASTAXESERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

HENRY COSTA at (305) 222-2289
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TECHNOMEDICAL LLC

(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 08/27/18 and assigned Florida document number L18000204122.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2118 NOV 28 AM 9:24
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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

_____, Florida _____
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

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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	CORONADO, JOSE O	9739 NW 10TH TERRA MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	OSWALDO J CORONADO DAVILA	9739 NW 10TH TERRA MIAMI, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	PAZ, YANNI	9739 NW 10TH TERR MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	YANNI C PAZ SERRANO	9739 NW 10TH TERR MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" 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

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

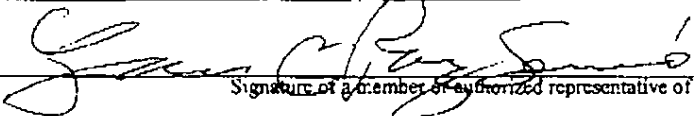
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 CLERK OF STATE
 TALLAHASSEE FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)
 (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)
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.

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.

Dated NOVEMBER 27, 2018


 Signature of a member or authorized representative of a member

YANNI C PAZ SERRANO
 Typed or printed name of signee