1900000 8568

(Re	equestor's Name)	
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February 4, 2019

W, DAVID FREEMAN 4500 SAN PABLO RD JACKSONVILLE, FL 32224

SUBJECT: VADE MECUM ROBOTICS LLC

Ref. Number: L19000008568

We have received your document for VADE MECUM ROBOTICS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 419A0000247 ARR - 6 PR - 2



Florida Dept of State Division of Corporations

January 22nd 2019

Dear Florida Department of State,

On behalf of our Corporation Vade Mecum robotics, document number L19000008568, we are requesting a minor name change to fit our IRS EIN number and name "Vade Mecum". We realized after we submitted this at SunBiz online the name is not exactly the same and should be Vade Mecum, which is Latin for "go with me" for a telemedicine company. The IRS name is registered as such, and we simply ask to change from Vade Mecum Robotics (3 words) to simply Vade Mecum. The rationale is our business is more around mobile telemedicine and robotics is the newest feature. Therefore, we will use the name Vade Mecum and use lower case robotics as it applies to those products.

We have enclosed the check for the processing fee of \$43.75.

Thank you for allowing this minor name change which allows my company to register with SAM and apply for a National Institutes of Health (NIH) STTR business grant. Finally, we noticed in searching Sunbiz website there is one similar company but their name is spelled differently as "Vade Mekum" so this should not pose a conflict. I hold the US trademark to Vade Mecum proper as well for this purpose.

Please do not hesitate to reach out to us with further questions.

Yours sincerely,

W. David Freeman, MD, FNCS, FAAN

CEO- Vade Mecum LLC

Professor of Neurology and Neurosurgery

Departments of Neurologic Surgery, Neurology, and Critical care

neeman dl. 1.

Mayo Clinic

4500 San Pablo Rd

Mangurian Bldg. #4407

Jacksonville, FL 32224

call 904.318.9819

COVER LETTER

nendment and fee(s) are subt	nitted for filing.	
ence concerning this matter t	o the following:	
W	D. FREEMAN	
		C, CEO
	4377 lhibert	isal IN
	Jacksow Ville, F City/State and Zip Code	2 32224
E-mail address: (1	eman. William I o be used for future annual report notificat	Legnail, com
cerning this matter, please ca	ill:	
MAN	at (904) 318-	9819
erson	Area Code Daytime Te	elephone Number
following amount:		2
□ \$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)
on Section of Corporations 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente	ons
	Name of Limination in the concerning this matter of Limination in the concerning this matter of Limination in the concerning this matter, please can have been seen to the concerning this matter, please can be concerning this matter, please can be concerned in the concerning this matter, please can be concerned in the concerning this matter, please can be concerned in the concerning this matter.	Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: W. D. FREEMAN Name of Person Vade Welcum University Firm/Company 43.77 Hunterst Address Jacksow Ville, F. City/State and Zip Code Freeman, william E-mail address: (to be used for future annual report notificate cerning this matter, please call: Area Code Daytime To following amount: S30.00 Filing Fee & Certified Copy (additional copy is enclosed) G ADDRESS: On Section of Corporations G Corporations G Corporations G Corporation G Corporation G Corporation Gifton Building

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/ 0 41

		<u>- C</u>
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	any were filed on JAN 14th 2019	and assigned ·
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	Mecum LLC	-
The new name must be distinguishable and contain the words "Limited LEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4377 Hunter	ton Lu
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- Same as abs)\\\\
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the new
Name of New Registered Agent:	no changes	Em 1
New Registered Office Address:	no changes	5 5
	JACKSONVILLE, Florida	3227 4 ZurGode

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.

No Charges
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 Type of Action Address <u>Title</u> Name. \square Add ☐ Change _□ Add ☐ Remove __ __ Change ☐ Remove _□ Change Remove Change □ Remove _□ Change _□ Add ☐ Remove ☐ Change

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