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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	ULTRA M	EDICAL, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		ALFREDO INFANTE		
			Name of Person	
		ULTRA MEDICAL, LLC		
			Firm/Company	
		444 BRICKELL AVE, SU	ITIE 800	
		Mame of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: ALFREDO INFANTE Name of Person ULTRA MEDICAL, LLC Firm/Company 444 BRICKELL AVE, SUITE 800 Address MIAMI, FL 33131 City/State and Zip Code ainfante@msn.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: 286-1864 Area Code Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
		MIAMI, FL 33131		
			City/State and Zip Code	
		ainfante@msn.com		
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	all:	
ALFREDO	INFANTE			
	Name o	l' Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25,00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Di P.0	niling Addressistation Section of CO. Box 632	Section Corporations 27	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{119000255874}{119000255874}$	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	hilizy Company " the designation "LLC	" or the abbreviation" I. I. C."
Enter new principal offices address, if applicable:	omy company. The designation 1996	
(Principal office address MUST BE A STREET ADDRESS)		25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street addres	65
	Fl	orida -
	Cin	oridaZip Code

iew Registered Agent's Signature, if changing Registered Agent:

DUTO S MEDINICAL LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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>	Address	Type of Action
MGR	ALFREDO INFANTE	444 BRICKELL AVE, SUITE 800	= Add
		MIAMI, FL 33131	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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Page 2 of 3

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Effective date, if other than the dattif an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior does not meet the applic	to date of filing or more than able statutory filing requ	(optional) 190 days after (iling.) Pursuant to 6 rements, this date will not be li	05,0207 (3) isted as the
the record specifies a delayed e) The 90th day after the record		ot an effective time,	at 12:01 a.m. on the ear	lier of:
Dated NOVEMBER 22	2019	·		
	Jahan ~	Islami orized representative of a m		
Sig	partire of a member or auth	orized representative of a m	ember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00