L20000 116079

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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C. GOLDEN 0UT - 3 2020

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Vista Medical LLC	ר	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	20017	EY BUFKETT Name of Person	
	VI	STAMEDICAL LLC Firm/Company	
	14721 h	JATERCHASE BLVO Address	
	TAM	PA F2 33626 City/State and Zip Code	
	L	, DILL 23@YAHOU. COM	
			fication)
For further information co	oncerning this matter, please ca	all:	
LIVOSEY	BURKETT	at (727) 74) - \(\) Area Code Daytin	5923
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	
Tallahassee, I	TL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V	ISTAMEDICAL L	10	2027 / 17 AH 9: 00
(Name of the Limited	I Liability Company as it now a A Florida Limited Liability Comp	ppears on our records. any))
The Articles of Organization for this Limited Lia Florida document number		n 4/30/20	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compa	ny here:	
The new name must be distinguishable and contain the wor	MEDICAL, LI	<u>c</u>	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	'the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
- -	Ento	er Florida street address	
		, Flo	rida
	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 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>	Name	Address	Type of Action
Mar	FRANK BURKETT	14721 WATERCHASE BLVO	□Add
		TAMPA, FZ 33626	□Remove
			IChange TITLE
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
-			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

	•
	CHANGE FRANK BURKETT TITLE FROM AP TO MGR
	SO THERE ARE 2 MGR ON THE LLC
	NAME CHANGE - PLEASE PUT A SPACE BETWEEN
	VISTA AND MEDICAL.
on effecti ote: If 1	date, if other than the date of filing:
ecord spirits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	August 11th 2020
	$\sim 10^{-1}$

Filing Fee: \$25.00