

L22000319233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

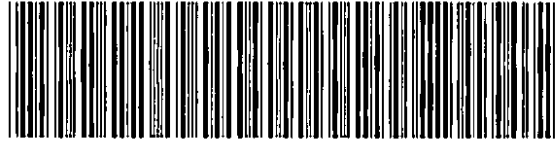
(Business Entity Name)

(Document Number)

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LLC Amend

2022 SEP 21 PM 12:25

FILED


2022 SEP 21 PM 12:39

FILED

A. RAMSEY

SEP 22 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 964874 4328337
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 21, 2022
ORDER TIME : 9:27 AM
ORDER NO. : 964874-005
CUSTOMER NO: 4328337

DOMESTIC AMENDMENT FILING

NAME: MEDICAL TECHNOLOGY ASSOCIATES,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Technology Associates, 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:

Michelle Graeb, Paralegal

Name of Person

Dentons Cohen & Grigsby P.C.

Firm/Company

625 Liberty Ave.

Address

Pittsburgh, PA 15222-3152

City/State and Zip Code

michelle.graeb@dentons.com

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

For further information concerning this matter, please call:

Michelle Graeb

Name of Person

at (412) 297-4900

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2022 SEP 21 PM 12 39

Medical Technology Associates, 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 7/20/2022 and assigned
Florida document number L22000319233.

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 "LLC."

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)

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

City

Florida 32301

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.


Alexis Weibnd, assistant vice president
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>
AMBR	Panther Florida Transactions Holding Company, Inc.	6651 102nd Avenue North	<input type="checkbox"/> Add
		Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MTA Acquisition, LLC	6651 102nd Avenue North	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33783	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valeri Marks, CEO	6651 102nd Avenue North	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33783	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Fiegle, CFO	6651 102nd Avenue North	<input checked="" type="checkbox"/> Add
		Pinellas Park, FL 33783	<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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 September 20, 2022.

Valeri Marks

Signature of a member or authorized representative of a member

Valeri Marks

Typed or printed name of signee

Filing Fee: \$25.00