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(Requestor's Name)

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(City/State/Zip/Phone #)

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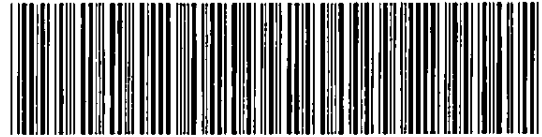
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FL
JUL 10 2024
AM 10:52

S. HUNT

07/08/24

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMERICAN TECH MEDICAL-PNEUMOFLEX, 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:

Nicole Zaworska

Name of Person

Spencer Fane LLP

Firm/Company

201 North Franklin Street, Suite 2150

Address

Tampa, FL 33602

City: State and Zip Code

nzaworska@spencerfane.com

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

For further information concerning this matter, please call:

Nicole Zaworska

813 424-3531
at ()

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 Address:

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

STATE
TALLAHASSEE, FL
JUN 10 2003
10:52

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

AMERICAN TECH MEDICAL-PNEUMOFLEX, 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 3/7/2024 and assigned
Florida document number L24000116822.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

American Tech Medical-Neb1, LLC

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)

1700 Sunshine Drive

Clearwater, FL 33765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 Sunshine Drive

Clearwater, FL 33765

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:

1700 Sunshine Drive

Enter Florida street address

Clearwater

City

Florida 33765

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

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>
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STATE OF ALABAMA
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STATE OF FLORIDA
TALLAHASSEE, FL

204-9 AM10:52
OFFICE OF STATE
ATTORNEY TALLAHASSEE, FL

(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)

Dated July 2, 2024

Signature of a member or authorized representative of a member

Emilia Giannakopoulos, Authorized Representative
Typed or printed name of signer

Filing Fee: \$25.00