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(Re	equestor's Name)	
(Ad	dress)	<u>,</u>
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06 MAY -5 AM II: 1

APPROVED FILED

COVER LETTER

Division of Corporations
SUBJECT: MEDICAL DIRECT, COM, 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:
JAMES P. GIEDER (Name of Person)
MEDICAL DRECT, COM, LLC (Firm/Company)
8954 EASTMAN DRIVE
TAMPA FL. 33626 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES GIEDER at (727) 224 86 75 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$25.00 Filing Fee \(\) \$\frac{1}{2}\$\$30.00 Filing Fee \(\) \$\frac{1}{2}\$\$ Certificate of Status \(\) Certificate of Status \(\) (additional copy is enclosed) \$\frac{1}{2}\$\$\$60.00 Filing Fee, Certificate of Status \(\) Certificate of Status \(\) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

MEDICA

The Articles of Organization were filed or. document number FIRST: SECOND: This amendment is submitted to amend the following: CONSUMER BENEFITS Signature of a member or authorized representative of a member

Filing Fee: \$25.00