

M/3000003551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

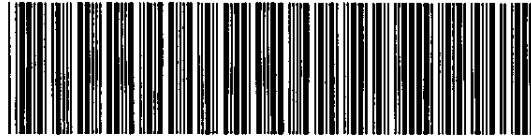
Certified Copies _____ Certificates of Status _____

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STATE BAR OF FLORIDA
TALLAHASSEE, FL 32301

2014 JUL 21 PM 12:02

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN HEALTHCARE TRCHNOLOGY, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORI J. DIAZ

Name of Person

Firm/Company

7853 GUNN HIGHWAY # 399

Address

TAMPA, FL 33626

City/State and Zip Code

ldiaz@transatlantichc.com

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

For further information concerning this matter, please call:

LORI J. DIAZ

Name of Person

at (813) 386-4173

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2014 APR 21 PM 12:02
TALLAHASSEE, FLORIDA

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: AMERICAN HEALTHCARE TECHNOLOGY, LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 06/05/2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

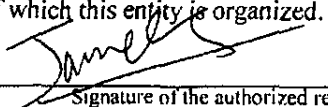
AMERICAN HEALTHCARE TECHNOLOGIES, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

JAMES GEORGE

Typed or printed name of signee

Filing Fee: \$25.00

2014 JUN 21 PM 12:02

FILED

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:59 PM 05/09/2014
FILED 03:33 PM 05/09/2014
SRV 140600084 - 5062349 FILE

FILED
2014 JUN 21 PM 12:02
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT

OF

American Healthcare Technology, LLC

FIRST: The name of the Limited Liability Company is: American Healthcare Technology, LLC

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

RESOLVED, that the Certificate of Formation of the Limited Liability Company be amended by changing the article thereof numbered "FIRST" so that, as amended said Article shall be and read as follows:

FIRST: The name of the Limited Liability Company is:

American HealthCare Technologies, LLC

IN WITNESS WHEREOF, said American Healthcare Technology, LLC has caused this certificate to be signed by its Authorized Person this 9 day of May, 2014.

BY: James - Signature

Name: James George - Print Name
Authorized Person