

L14 0000 S9313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

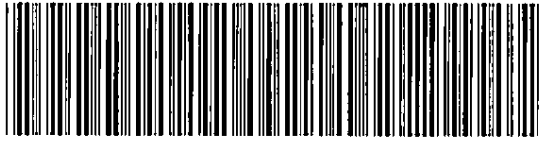
(Business Entity Name)

(Document Number)

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2024 MAY -7 PM 2:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL MEDICAL VENTURES, 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:

EDWARD BRENNER

Name of Person

NATIONAL MEDICAL VENTURES, LLC

Firm/Company

40A MELANIE WAY

Address

MAITLAND / FL 32751

City/State and Zip Code

EDWARDS.Macy@ATT.NET

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

For further information concerning this matter, please call:

EDWARD BRENNER

Name of Person

at (407) 461-5234

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**

NATIONAL MEDICAL VENTURES, 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 4-10-2014 and assigned Florida document number L14 00 00 59313

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

409 MELANIE WAY

MAITLAND FL

32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

409 MELANIE WAY

MAITLAND FL 32751

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:

SAME

LINDA BRENNER

New Registered Office Address:

409 MELANIE WAY

Enter Florida street address

MAITLAND

City

Florida

32751

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.

Same

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	EDWARD BRENNER	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARC BRENNER	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DAVID BRENNER	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SUSAN WAGNER	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" 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.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5-1-2024 (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 5-1-24, 2024

Edward Brenner

Signature of a member or authorized representative of a member

EDWARD BRENNER

Typed or printed name of signee