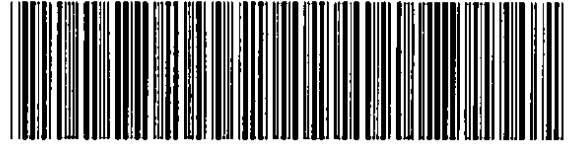


L17000 246 434



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

01/08/20--01010--000 **90.00

Certified Copies Certificates of Status

S TALLENT

FEB - 5 2020

Special Instructions to Filing Officer:

2020 JAN - 8 PM 2: 58

2020

Office Use Only

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SELECTMED 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:

JOHN CHURCHILL
Name of Person

SELECT MED LLC
Firm/Company

315 SE Mizner Blvd # 212
Address

BOCA RATON FL 33432
City/State and Zip Code

cenbusserui@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine BALSAMO at () 786 203 4041
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SELECTMED 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 12/01/2017 and assigned Florida document number L17000246434.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

315 SE Mirner Blvd
#212 Boca Raton FL 334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

315 SE Mirner Blvd #212
Boca Raton FL 33432

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:

JOHN CHURCHILL

New Registered Office Address:

315 SE Mirner Blvd #212

Enter Florida street address

Boca Raton

City

Florida

33432

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.

John Churchill
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:

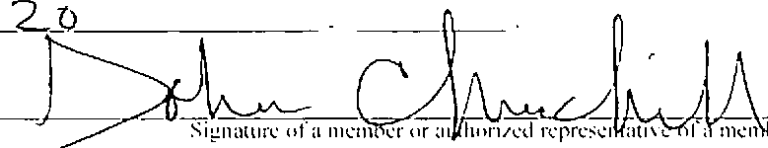
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONISI CHARLES	2900 GATEWAY DR	<input type="checkbox"/> Add
		STE C Pompano Beach FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN CHURCHILL	315 SE Mizner Blvd	<input checked="" type="checkbox"/> Add
		STE 212 Boca Raton FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAXTHEIMER EVAN	2900 GATEWAY DR	<input type="checkbox"/> Add
		STE C Pompano Beach FL 33069	<input checked="" 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
			<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.)*

E. Effective date, if other than the date of filing: 1/6/20 (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 1/6/20

Signature of a member or authorized representative of a member
John C Heschel
Typed or printed name of signee