

L18 000010883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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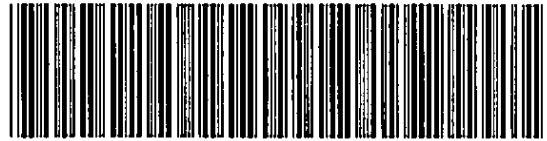
(Business Entity Name)

(Document Number)

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S TALLENT

JAN 14 2020

2019 DEC -9 PM 4:50

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*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Service Medics 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:

Michael Meadors JR  
Name of Person

Service Medics LLC  
Firm/Company

1631 Columbian Dr.  
Address

Punta Gorda FL 33950  
City/State and Zip Code

mikem.servicemedics@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Meadors JR at (239) 284-9175  
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

Service Medics 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 01/12/19 and assigned  
Florida document number L18000010883.

This amendment is submitted to amend the following:

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

N/A

~~Service Medics LLC~~ ~~Medics 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)

1631 Columbian Dr

Punta Gorda, FL 33950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1631 Columbian Dr.

Punta Gorda, FL 33950

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:

Tiffany Teekell Meadors

New Registered Office Address:

1631 Columbian Dr.

Enter Florida street address

Punta Gorda

City

Florida

33950

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.*

Tiffany Teekell Meadors

If Changing Registered Agent, Signature of New Registered Agent

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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	Michael Meadors Sr	97 Vivente <del>Blvd.</del> Boulevard	<input type="checkbox"/> Add
		Unit 9721	<input checked="" type="checkbox"/> Remove
		Punta Gorda, FL 33950	<input type="checkbox"/> Change
MGR	Michael Meadors SR	1631 Columbian Dr	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sigfredo Ortiz	219 NE 20th St.	<input checked="" type="checkbox"/> Add
		Lape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tiffany Teckell Meadors	1631 Columbian Dr	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33950	<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.)

N/A

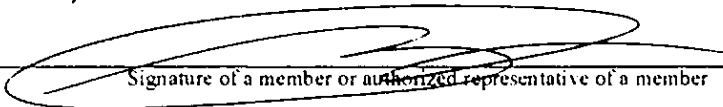
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12/04/19, 2019

  
Signature of a member or authorized representative of a member

Michael Meadors JR  
Typed or printed name of signee