L21000021952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2022 OCT 21 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2022

JANADRA GREENIDGE
6100 LAKE ELLANOR DRIVE
SUITE 202
ORLANDO, FL 32824 US

SUBJECT: PELHAM MEDICAL PRACTICE, LLC
Ref. Number: L21000021952

We have received your document and check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 422A00019598

OCT 2 1 2022

[redacted]

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pelham Medical Practice, 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:

Janadra Greenidge
Name of Person

Pelham Medical Practice, LLC
Firm/Company

6100 Lake Ellanor Drive, Suite 202
Address

Orlando, FL 32824
City/State and Zip Code

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

For further information concerning this matter, please call:

Janadra Greenidge at (914) 924-8426
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

Pelham Medical Practice, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1-8-2021 and assigned Florida document number L21000021952.

This amendment is submitted to amend the following:

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

Pelham Medical Consulting & Aesthetics Lounge, LLC
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)

Pelham Medical Consulting & Aesthetic Lo
6100 Lake Ellenor Drive, Suite 202
Orlando FL 32809
Business address

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Janadra Greenidge
6100 Lake Ellenor Drive, Suite 202
Orlando, FL 32809

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: Janadra Greenidge, APRN

New Registered Office Address: 6100 Lake Ellenor Drive, Suite 202
Enter Florida street address

Orlando, **Florida** 32809
City *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.

I Janadra Greenidge APRN

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

Title	Name	Address	Type of Action
MGR	[illegible]	[illegible]	☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐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: _____ (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 _____, _____.

J. Greenidge, NP-C, CME

Signature of a member or authorized representative of a member

Janadra Greenidge Nurse Practitioner Certified Medical Examiner

Typed or printed name of signee