

7/21/2021

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000310344

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((H21000278473 3))



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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : COMPANY COMBO, LLC  
 Account Number : I20160000033  
 Phone : (866)428-2030  
 Fax Number : (407)308-0481

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LEAF MEDICAL CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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 2021 JUL 21 AM 11:58  
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2021 JUL 21 PM 3:20  
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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LEAF MEDICAL CARE, 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:

PAOLA C.  
\_\_\_\_\_  
Name of Person  
  
COMPANY COMBO, LLC  
\_\_\_\_\_  
Firm/Company  
  
2815 DIRECTORS ROW STE 100  
\_\_\_\_\_  
Address  
  
ORLANDO, FL 32809  
\_\_\_\_\_  
City/State and Zip Code  
  
DOCS@COMPANYCOMBO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA C. \_\_\_\_\_ 866 \_\_\_\_\_ 4282030  
Name of Person at ( \_\_\_\_\_ ) 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

LEAF MEDICAL CARE, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

2021 JUL 21 PM 3:20



The Articles of Organization for this Limited Liability Company were filed on 07/07/2021 and assigned Florida document number L21000310344

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)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and zip code, with "Florida" in the middle.

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.

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	ALENCAR S. DA COSTA FILHO	ALAMEDA JAU 263, APTO 191	<input type="checkbox"/> Add
		JARDIM PAULISTA	<input type="checkbox"/> Remove
		SAO PAULO, SP, 01420000 - BRAZIL	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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