

L220000416843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

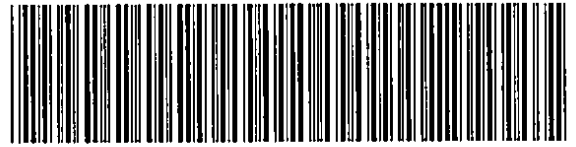
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ALLAHASSEE, NM

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2023 FEB 14 PM 1:04
ALLAHASSEE, NM

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 02/14/2023

Acc#I20160000072

W: C D W

Name:	Motion Medical Group, LLC
Document #:	
Order #:	14783677

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ 55.00

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Motion Medical Group, 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:

Alexandra Busto Esq.

Name of Person

Nixon Peabody LLP

Firm/Company

300 South Grand Avenue, Suite 4100

Address

Los Angeles, CA 90071

City/State and Zip Code

keiko@motionmsk.com

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

For further information concerning this matter, please call:

Alexandra Busto Esq.

213

629-6146

at (_____) _____

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

SECRETARY OF THE
TALLAHASSEE FLORIDA
2023 FEB 14 AM 10:04
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Victor Toledano M.D.	980 N. Michigan Ave., Suite 1998	<input type="checkbox"/> Add
		Chicago, IL 60611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William J. Buchanan, M.D.	1301 2nd Ave. SW, Ste 306	<input checked="" type="checkbox"/> Add
		Largo, FL 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00