(((H230001321513)))



H230001321513ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM யார் இmail Address:

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOVALIS MEDICAL, LLC

Certificate of Status	0
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T. LEMIEUX APR 1 1 2023

## **COVER LETTER**

(((H23000132151 3)))

TO: Registration Division of	n Section Corporations			
ern rece		ALIS MEDICAL, LLC		
SUBJECT:Name of Limited Liability Company				
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249 STE 220			
		Address		
	HOUSTON, TX 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code		
		(to be used for future annual report no	tification)	
For further information	on concerning this matter, please c	rall:		
LOVETTE DOBSO	×	888462345		
Nai	me of Person	at () Area Code Daytii	me Telephone Number	
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional cupy is enclosed)	
<u>Mailing Ad</u> Registratio	dress: on Section	Street Address: Registration S	ection	
Division of	of Corporations	Division of Co	prporations	
P.O. Box Tallahasse	6327 ee, FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000132151 3)))

NOVA	LIS MEDICAL, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{100000006167}{1000000000000000000000000000000000000$	pany were filed on 05/23/2000 and assigned	
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 I	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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amonding the registered agent and/or registered off	ice address on our records, enter the name of the new registere	
agent and/or the new registered office address here:	To Co	
	_ <b>_</b> _ <b>_</b>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Annual Control of the	·	
New Registered Agent's Signature, if changing Registered Ag		
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the elete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address. I hereby confirm that the limited liability	
)(·	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: (((H23000132151 3)))

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stephen Almeida	14431 Sandpiper Cir	□ Add
		Clearwater, FL 33762	
			<b>≅</b> Change
MGR	Adam Alvarez	10533 96th St.	□Add
		Largo, FL 33773	□Remove
			□Add
			□Remove
			TiChange
			□Add
			□Remove
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Filing Fee: \$25.00