

L06000081715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

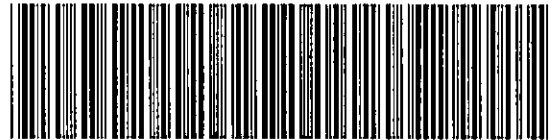
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: North Medical Land Company, 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:

Harold Arkin

Name of Person

Firm/Company

2324 SE 27th Street

Address

Cape Coral, Florida 33904

City/State and Zip Code

H.Arkin@yahoo.com

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

For further information concerning this matter, please call:

Michael R. Rubenstein

239 489-4443
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

North Medical Land Company, 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 August 17, 2006 and assigned
Florida document number L06000081715.

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)

C/O Harold Arkin

2324 SE 27th Street

Cape Coral, Florida 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O Harold Arkin

2324 SE 27th Street

Cape Coral, Florida 33904

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:

Harold Arkin

New Registered Office Address:

2324 SE 27th Street

Enter Florida street address

Cape Coral

Florida 33904

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.

x Harold Arkin

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>
MGR	Michael L. Biel	11062 Lakeland Circle	<input type="checkbox"/> Add
		Fort Myers, Florida 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harold Arkin	2324 SE 27th Street	<input checked="" type="checkbox"/> Add
		Cape Coral, Florida 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael R. Rubenstein	4980 Dockside Drive #204	<input checked="" type="checkbox"/> Add
		Fort Myers, Florida 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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.

Dated October 16, 2020

Michael R. Rubenstein MBR/MGR

Michael R. Rubenstein

Typed or printed name of signee