L08000012504

(Requestor's Name)
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(City/State/Zip/Phone #)
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TALLAHASSEE, FLORIDA

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COVER LETTER

	tion Section of Corporations		•
Med Med	li Center, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Matt Farhadi		
		Name of Person	
	Medi Center, LLC		
		Firm/Company	
	13964 W. Hillsborough A	ve.	
		Address	
	Tampa Fl 33635		
		City/State and Zip Code	
	Matt@dolphinlle.com		
For further inform	e-mail address: qualition concerning this matter, please c	to be used for future annual report noti	ncation)
Matt Farhadi		813 814-4577 at ()	
<u> </u>	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a chec	ck for the following amount:		
■ \$25.00 Filing	Fee S30.00 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 /		Street Address:	otion
•	ation Section n of Corporations	Registration Sec Division of Cor	
P O Bo		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

FILED
2023 AUG -3 PM 12: 26
TÄLLAHASSEE. FLORIDA

Medi Center, 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 $\frac{2/4/2008}{1}$ and assigned Florida document number _____L08000012504 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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>	Address	Type of Action
MGR	Sharon Golden	13964 W. Hillsborough Ave.	□Add
		Tampa, Fl 33635	■Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
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Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Depar	specific and cannot be pr does not meet the app	ior to date of fili	ing or more than 9 ry filing require	(option 0 days after fili ments, this da	ng.) Pursua	int to 605 ot be list	5.0207 (ted as t
record specifies a delayed effective da d is filed.	te, but not an effective	e time, at 12:0	1 a.m. on the ea	rlier of: (b)	The 90th	day afte	r the
July, 31st	, 2023						
_	W N						
_	1 1 1	/					

Filing Fee: \$25.00