

L1000020051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

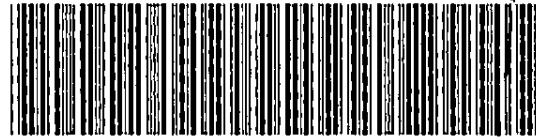
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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01/10/19--01007--015 \*\*35.00

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19 JAN 28 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS

FEB 01 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2019

MICHAEL FIORANI  
7520 NW 5TH ST, STE 101  
PLANTATION, FL 33317

SUBJECT: ZENACUMED, LLC  
Ref. Number: L10000020051

We have received your document for ZENACUMED, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 019A00001214

*Corrected form and new check enclosed.  
Thankyou!*

2019 JAN 28 PM 2:20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ZenAcuMed, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Michael Fiorani

\_\_\_\_\_  
Name of Person

ZenAcuMed, LLC

\_\_\_\_\_  
Firm/Company

7520 NW 5th St, STE 101

\_\_\_\_\_  
Address

Plantation, FL 33317

\_\_\_\_\_  
City/State and Zip Code

acumike@mac.com

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

For further information concerning this matter, please call:

Michael Fiorani

786

323-9828

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ZenAcuMed, 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 02/22/2010

Florida document number L10000020051

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:

7520 NW 5th St, STE 101

**(Principal office address MUST BE A STREET ADDRESS)**

Plantation, FL 33317

Enter new mailing address, if applicable:

7520 NW 5th St, STE 101

**(Mailing address MAY BE A POST OFFICE BOX)**

Plantation, FL 33317

**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

Florida

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.*

**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 Fiorani	7520 NW 5th St, STE 101	<input checked="" type="checkbox"/> Add
		Plantation, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joe Neubert	7520 NW 5th St, STE 101	<input type="checkbox"/> Add
		Plantation, FL 33317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JAN 28 AM 10:10  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Dated January 1, 2019

Signature of a member or authorized representative of a member

Michael Fiorani

Typed or printed name of signee