

L11 0000027863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

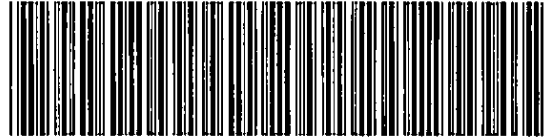
(Business Entity Name)

(Document Number)

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02/14/22--01035--009 **30.00

22 FEB 14 PM 3:15

T. MATTHEWS

FEB 23 2022

**TO: Registration Section
Division of Corporations**

SUBJECT: VISITING PODIATRIST 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:

DR. NYDIA SERRANO, DPM

Name of Person

VISITING PODIATRIST LLC

Firm/Company

2309 SOUTH BABCOCK ST., APT. 106

Address

MELBOURNE, FL., 32901

City/State and Zip Code

visitingpodiatrist.ns@gmail.com

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

For further information concerning this matter, please call:

Dr. NYDIA SERRANO

407 923-5635
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

**TO
ARTICLES OF ORGANIZATION
OF**

VISITING PODIATRIST LLC

22 FEB 14 PM 3:15

(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 03/07/2011 and assigned
Florida document number L11000027863.

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)

2396 S. Babcock St., Apt 106
Melbourne, FL 32901

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: DR. NYDIA SERRANO, DPM

New Registered Office Address: 2396 SOUTH BABCOCK ST. APT. 106

Enter Florida street address

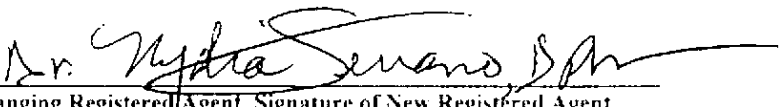
MELBOURNE, FL., 32901 Florida 32901

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.


Dr. Nydia Serrano, DPM
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

~~(optional)~~

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 02/04/2022

Signature of a member or authorized representative of a member

Dr. Nydia Serrano, DPM

Typed or printed name of signee