

L110000088035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

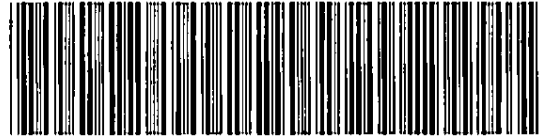
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900399005779

12/21/22--01003--003 **25.00

TALLAHASSEE, FLORIDA

2022 DEC 20 PM 3:43 2022 DEC 22 AM 10:14

RECEIVED

FD

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

JASON LAIL
SPACE COAST MEDICAL, LLC
4295 N. U.S. HWY 1
MELBOURNE, FL 32935

SUBJECT: SPACE COAST MEDICAL, LLC
Ref. Number: L11000088035

2022 DEC 22 AM 10:14

FILED

We have received your document for SPACE COAST MEDICAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The original file date is incorrect. Please change the date on the first line (under the name of the LLC) to 8-1-11. The last page of the for is illegible and not suitable for imaging.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 922A00028522

2022 DEC 22 PM 3:10

FILED

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Space Coast Medical
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:

Jason Lail
Name of Person

Space Coast Medical, LLC
Firm/Company

4295 N. U.S. Hwy 1
Address

Melbourne, FL 32935
City/State and Zip Code

jason@spacecoastmedical.com
E-mail address (to be used for future annual report notification)

2022 DEC 22 AM 10:14

For further information concerning this matter, please call:

Gina Yancey / Jason Lail at (321) 557-4667
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

Space Coast Medical, 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 9/28/2011 and assigned
Florida document number 611000088035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2012 DEC 22 PM 10:14

77

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:

N/A

New Registered Office Address:

N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Gina L. Yancey	4295 W U.S. Hwy 1 Melbourne, FL 32	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add 2022 <input type="checkbox"/> Remove Dec 22 <input type="checkbox"/> Change 4:10:10 <input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 DEC 22 AM 10:14

2022 DEC 22 A:10:14

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 20th, 2022

Signature of a member or authorized representative of a member

Jason C. Lail
Typed or printed name of signee

Filing Fee: \$25.00