

L11000101952

(Requestor's Name)

(Address)

---

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

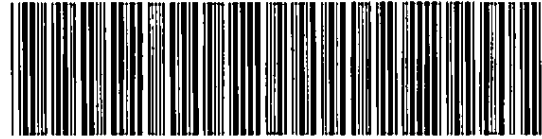
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700349731267

05/22/20--0.004--002 \*\*\*0.00

2020 JUN 22 AM 5:47

ה  
ה  
ה  
ה

AUG 07 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICI INSTITUTE, 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:

BRIAN R. HERSH

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

LAW OFFICE OF BRIAN R. HERSH

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

1541 BRICKELL AVENUE, SUITE C-1407

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33129

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

bhershlaw@att.net

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

For further information concerning this matter, please call:

Brian R. Hersh

305 371-6294  
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**

MEDICI INSTITUTE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 JUN 22 AM 6:47

FILED

The Articles of Organization for this Limited Liability Company were filed on 09/06/2011 and assigned  
Florida document number L11000101952

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 "L.L.C."

**Enter new principal offices address, if applicable:**

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

20950 N.E. 27TH COURT

SUITE 203

AVENTURA, FLORIDA 33180

**Enter new mailing address, if applicable:**

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

20950 N.E. 27TH COURT

SUITE 203

AVENTURA, FLORIDA 33180

**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. ALBERTO GALLERANI

**New Registered Office Address:**

20950 N.E. 27TH COURT, SUITE 203

Enter Florida street address

AVENTURA

City

Florida

33180

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	MARYANN BOGER	17111 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 1002	<input checked="" type="checkbox"/> Remove
		AVENTURA, FLORIDA 33160	<input type="checkbox"/> Change
P	MARYANN BOGER	17111 BISCAYNE BOULEVARD	<input type="checkbox"/> Add
		SUITE 1001	<input checked="" type="checkbox"/> Remove
		AVENTURA, FLORIDA 33160	<input type="checkbox"/> Change
MGR	DR. ALBERTO GALLERANI	20950 N.E. 27TH COURT	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
AMBR	DR. ALBERTO GALLERANI	20950 N.E. 27TH COURT	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
P	DR. ALBERTO GALLERANI	20950 N.E. 27TH COURT	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A/

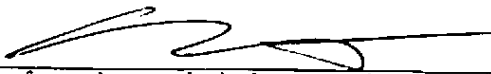
E. Effective date, if other than the date of filing: JUNE 15, 2020 (optional)

(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)

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.

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 JUNE 15, 2020

  
Signature of a member or authorized representative of a member

DR. ALBERTO GALLERANI

Typed or printed name of signee