

K12000106764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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06/13/22--01008--021 **25.00

2022 JUN 13 PM 2:22

cf 8/29/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDPRIMEX 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:

ANA MARIA PEDROZA

Name of Person

Firm/Company

5228 47TH STREET E

Address

BRADENTON, FL 34203

City/State and Zip Code

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

For further information concerning this matter, please call:

ANA M PEDROZA

941 356-1702

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

2022 JUN 13 PM 2:22

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

Page 1 of 3

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	ANA XIMENA PERALTA	5228 47TH STREET E	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE ROBERTO CASILLAS	5228 47TH STREET E	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

PARTICIPATION MEMBDER AS FOLLOWS:

ANA MARIA PEDROZA: 60% OF OWNERSHIP

JOSE ROBERTO CASILLAS: 20% OF OWNERSHIP

ANA XIMENA PERALTA: 20% OF OWNERSHIP

E. Effective date, if other than the date of filing: 06/08/2022 **(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 8

2022

9

Signature of a member or authorized representative of a member

ANA MARIA PEDROZA

Typed or printed name of signee