

L14000006610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

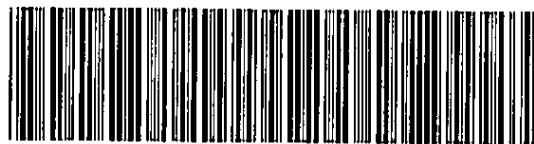
(Business Entity Name)

(Document Number)

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04/01/19--01025--024 \*\*25.00

S TALLENT

APR 10 2019

FILED  
10 APR -1 PM 2:30  
CLERK OF COURT  
JANUARY 1, 2019

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2019

MARIA C SOUSA  
5728 MAJOR BLVD, STE 309  
ORLANDO, FL 32819

SUBJECT: DUNNIA MEDICAL SOLUTIONS, LLC  
Ref. Number: L14000006610

We have received your document for DUNNIA MEDICAL SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 219A00004970

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

DUNNIA MEDICAL SOLUTIONS, 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 01/13/2014 and assigned Florida document number L14 000006610.

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)

**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:

SCUSA & ASSOCIATES INC

New Registered Office Address:

5728 MAJOR BLVD, STE 309

*Enter Florida street address*

ORLANDO

*City*

Florida

32819

*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>
MGRM	MICHEL CHAMON	6735 CONROY WINDERMERE ROAD	<input type="checkbox"/> Add
		SUITE 233	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
AMBR	DUNNIA ASSESSORIA EMPRESARIAL LIMITADA	6735 CONROY WINDERMERE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 233	<input type="checkbox"/> Remove
		ORLANDO, FL 32835	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 31/12/2018 (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.

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

Dated FEBRUARY 21st . 2019

Signature of a member or authorized representative of a member

MIKE CHAMON

Typed or printed name of signer