

L14000012582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

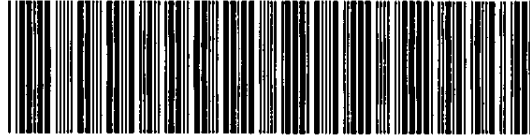
(Business Entity Name)

(Document Number)

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03/20/15--01010--020 **25.00

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15 MAR 20 AM 9:12
TALLAHASSEE, FL
SECRETARY OF STATE

Amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOURTH DIMENSIONS, 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:

YUGAL NAGDA

Name of Person

FOURTH DIMENSIONS, LLC

Firm/Company

917 RINEHART ROAD, SUITE 1051

Address

LAKE MARY, FL 32746

City/State and Zip Code

yugal@mdhlth.com

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

For further information concerning this matter, please call:

YUGAL NAGDA

407

466-6815

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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 MAR 20 AM 9:12
TALLAHASSEE

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

FOURTH DIMENSIONS, 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 1/23/2014 and assigned
Florida document number L14000012582.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

917 RINEHART RD, SUITE 1051

(Principal office address MUST BE A STREET ADDRESS)

LAKE MARY, FL 32746

Enter new mailing address, if applicable:

917 RINEHART RD, SUITE 1051

(Mailing address MAY BE A POST OFFICE BOX)

LAKE MARY, FL 32746

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:

YUGAL NAGDA

New Registered Office Address:

917 RINEHART RD, SUITE 1051

Enter Florida street address

LAKE MARY

City

Florida 32746

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 the Managers, or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

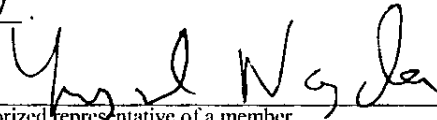
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PATEL, AKASH	824 ROCKCREEK ST	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input checked="" type="checkbox"/> Remove
MGR	NAGDA, YUGAL	917 RINEHART RD, SUITE 1051	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
MGR	IRIZARRY, XAVIER	917 RINEHART RD, SUITE 1051	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
MGR	LINCON, JENNIFER	824 ROCKCREEK ST	<input type="checkbox"/> Add
		APOPKA, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17th, 2015.



Signature of a member or authorized representative of a member

Akash Patel, Yugal Nagda

Typed or printed name of signee

FILED
15 MAR 20 AM 9:12
TALLAHASSEE
SECRETARY OF STATE