14000044652

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WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
-	MODELS, LLC (CORPORATE NAME AND DOC	UMENT #)
-	(CORPORATE NAME AND DOC	UMENT #)
_	(CORPORATE NAME AND DOC	UMENT #)
_	(CORPORATE NAME AND DOC	UMENT #)
_	(CORPORATE NAME AND DOC)	UMENT #)
_	(CORPORATE NAME AND DOCI	UMENT #)

COVER LETTER

Division of Cor	rporations		
Models, LL SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph A. Porrello		
		Name of Person	
	Joseph A. Porrello, P.A.	Name of Person A. Porrello, P.A. Firm/Company Kendall Drive, Suite 602 Address FL 33156 City/State and Zip Code 000@hotmail.com E-mail address: (to be used for future annual report notification) his matter, please call: at (
		Firm/Company	
	7700 N Kendall Drive, Suite 602		
		Address	
	Miami, FL 33156		
		City/State and Zip Code	
	runner.1000@hotmail.com E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca		
Joe Porrello		305 374-0092	
Name o	of Person		Felephone Number
Enclosed is a check for t	he 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 Addre	35:	Street Address:	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



2022 JUH 21 AM 9: 55

Models, LLC			· -	ин э.
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco- Liability Company)	rds.) [A]	- îft
The Articles of Organization for this Limited L Florida document number £14000044652	iability Company	were filed on 3/18/2014	and assi	gned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LI.	.C" or the abbreviation "L.1	C."
Enter new principal offices address, if applic	cable:	6278 N Federal Hwy		
Principal office address MUST BE A STREE	T ADDRESS)	Suite 214		
•		Fort Lauderdale, FL 33308		
Enter new mailing address, if applicable:		6278 N Federal Hwy		·
		Suite 214		
		Fort Lauderdale, FL 33308		
agent and/or the new registered office addre	ss here:		er the name of the new	register
Name of New Registered Agent.	(250 N.F.)			
New Registered Office Address:	62/8 N Federa		ess	
the Articles of Organization for this Limited Landida document number L14000044652 This amendment is submitted to amend the follow. If amending name, enter the new name of the new name must be distinguishable and contain the stater new principal offices address, if applications and office address MUST BE A STREET inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address. Name of New Registered Agent:	Ft. Lauderdale			
		imited liability company," the designation "L.C." or the abbreviation "L.L.C." 6278 N Federal Hwy Suite 214 Fort Lauderdale, FL 33308 6278 N Federal Hwy Suite 214 Fort Lauderdale, FL 33308 red office address on our records, enter the name of the new region		

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.

/s/ Peter A. Namnum	
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>	Address	Type of Action
MGR	Stephanic Namnum	1921 NE 59th CT	🗀 Add
		Fort Lauderdale, FL 33308	■Remove
			Change
MGR	Peter A. Namnum, M.D.	6278 N. Federal Hwy, Suite 214	- Add
		Fort Lauderdale, FL 33308	□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
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			<u>. </u>		
ctive date, if other than the	date of filing:		((optional)	
effective date is listed, the date muse: If the date inserted in this bloom	ock does not meet the	applicable statutory			
ument's effective date on the De	epartment of State's re	cords.			
ord specifies a delayed effective	e date, but not an effec	ctive time, at 12:01 a	.m. on the earlier o	f: (b) The 90th day	after th
filed.	,				•
June 20	2022				
ed		· ·			
/s/ Peter A. Namnum					
		or authorized represent			_

Filing Fee: \$25.00