

L14 000 145281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

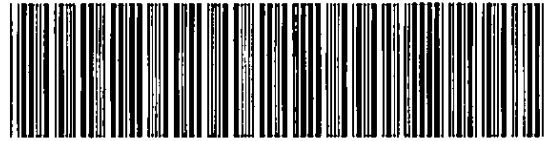
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W. J. J. J.

Office Use Only



900363602399

04/16/21--01022--010 **35.00

FILED
2021 APR 16 AM 11:22
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Vascular Equipment 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:

Deepak Nair, MD
Name of Person

Sarasota Vascular Equipment LLC
Firm/Company

600 North Cattlemen Rd, Ste 220
Address

Sarasota FL 34232
City/State and Zip Code

accounting@veinsandarteries.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Judson at (941) 371-6565 Ext 2055
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**

Sarasota Vascular Equipment 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 9/16/14 and assigned
Florida document number L14000145281

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 "LLC."

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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	Inkyong Parrack, MD	600 N. Cattlemen Rd	<input checked="" type="checkbox"/> Add
		Ste 220	<input type="checkbox"/> Remove
		Sarasota FL 34232	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 2/22/2019 BY 60322
2019 APR 19 AM 11:22
FBI - TAMPA

2021 APR 16 AM 11:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2018 BY 60322
UCBAW/STW

2021 APR 16 AM 11:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

(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)

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 July 28, 2021

Signature of a member or authorized representative of a member

Deepak G. Nair, MD

Typed or printed name of signee

Filing Fee: \$25.00