

L15000012598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 28 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 FEB 27 AM 9:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UMOREN MEDICAL 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:

INEMESIT E UMOREN

Name of Person

UMOREN MEDICAL LLC

Firm/Company

850 MONTCLAIRE CT

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

inemumoren@yahoo.com

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

For further information concerning this matter, please call:

INEMESIT E UMOREN

561 685-7109
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
17 FEB 27 AM 9:09

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

UMOREN MEDICAL 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 01/12/2015 and assigned
Florida document number L15000012598.

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)

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TALLAHASSEE, FLORIDA
17 FEB 27 AM 9:16

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>
AMBR	ANNE-MARIE UMOREN	850 MONTCLAIRE CT	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
7 FEB 27 AM 9:10

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there is a small portion of a spiral binding, showing several loops of wire. The paper appears slightly aged or off-white.

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
MAY 10 1961

(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)

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

Dated 02/23, 2017

From Unwin

Signature of a member or authorized representative of a member

INEMESIT E UMOREN

Typed or printed name of signee