## L15000050747

(Requestor's Name)	
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PICK-UP WAIT	ΛΑΙL
(Business Entity Name)	
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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations			
over the time.	NATIONW	TIDE TELEMEDICINE LLC			
SUBJECT:	<del> </del>	Name of Lim	ited Liability Company		Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  tion porations allahassee
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
riease return	an correspo	ndence concerning this matter	to the following.		
		DANIELLE PEYNADO			
			Name of Person		
		BRICK BUSINES LAW.	P.A.		
			Firm/Company		
		3413 W FLETCHER AVE			
			Address		<del></del>
		TAMPA, FLORIDA 3361	8		
			City/State and Zip Code		<del></del>
		DANIELLE.PEYNADO@			
		E-mail address: (	to be used for future annual	report notification)	
For further in	nformation c	oncerning this matter, please ca	all:		
DANIELLE	PEYNADO		813 81	6-1816	
	Name o	f Person	Area Code	Daytime Teleph	one Number
Enclosed is a	a check for th	e following amount:			
■ \$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		Certificate of Status & Certified Copy
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	-	orporations	_	n of Corporation	ons
	D. Box 632			ntre of Tallaha	
Tal	llahassee, I	·L 32314	2415 N	<ol> <li>Monroe Stree</li> </ol>	t, Suite 810

D ID 100 4 00500 10401455440(41-44-4660-004-

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 17 PM 1:26

NATIONWIDE TELEMEDICINE LLC

(Name of the Limited Liability Company as it now appears on our records.) LAHASSEE The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/20/2015}{1}$ and assigned Florida document number \_\_\_\_L15000050747 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: BRICK BUSINESS LAW, P.A. Name of New Registered Agent: 3413 W FLETCHER AVE New Registered Office Address: Enter Florida street address , Florida 33618
Zip Code TAMPA

## 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.

City

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>	Type of Action
			□Add
		<u></u>	□ Remove
			☐ Change
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	Dina Elftmann		Dina Elftmann			
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member			ative of a member	<del></del>	

Filing Fee: \$25.00