

L15 000 176603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

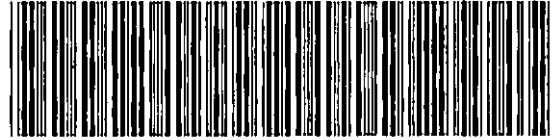
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 29 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2021

ROBERT GODWIN II, ESQ
98 OAKHILL AVE
FT WALTON BCH, FL 32547

SUBJECT: MEDIKUS, LLC
Ref. Number: L15000176603

We have received your document for MEDIKUS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00011285



GOODWIN
LAW GROUP

GOODWIN LAW GROUP, P.A.
5 Clifford Drive
Shalimar, FL 32579
Bus: (850) 710-1980
Fax: (850) 581-2948

www.mygoodwinlaw.com

Mailing Address:
P.O. Box 217
Ft. Walton Bch., FL 32549

TREY GOODWIN
trey.g.mygoodwinlaw.com

June 15, 2021

SENT VIA CM / RR 7019 1640 0001 0477 2649

Florida Dept of State
Division of Corporations
Attn: Octavia L. Simmons
P. O. Box 6327
Tallahassee, FL 32314

RE: *Subject:* **MEDIKUS, LLC**
Ref. No.: **L15000176603**
Payment: **Ck. No. 1610**

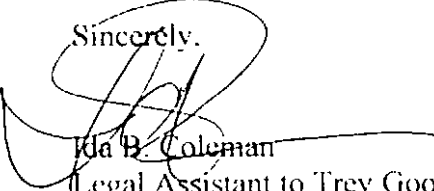
Dear Ms. Simmons:

Thank you for returning the enclosed Articles of Corrections document received with Check No. 1610 in the amount of THIRTY-FIVE DOLLARS (\$35.00). After reviewing your letter dated May 25, 2021, it was apparent the enclosed Cover Letter and Articles of Amendment to Articles of Organization of MEDIKUS, LLC was required.

Therefore, enclosed please find the completed forms for Florida Document No. L15000176603. Please know when contact was made to your department, we were advised the current payment for \$35 dollars was a pending credit and would be applied towards the cost required to file the Articles of Amendment. Due to the fee for filing the Articles of Amendment being \$25.00, which would leave a credit of ten dollars. (\$10.00), this office is seeking to have two (2) copies of the Certificate of Status for a fee of \$5.00 each, which would utilize the remaining ten dollars left over.

If you have any questions or concerns regarding the matter, please do not hesitate to contact this office. Thank you again for your assistance with this matter.

Sincerely,


Kia B. Coleman
Legal Assistant to Trey Goodwin
Goodwin Law Group, P.A.

/ic

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEDIKUS, 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:

ROBERT A. GOODWIN, III ESQUIRE

_____ Name of Person

GOODWIN LAW GROUP, P.A.

_____ Firm/Company

5 CLIFFORD DRIVE

_____ Address

SHALIMAR, FL 32579

_____ City/State and Zip Code

ida@mygoodwinlaw.com / trey@mygoodwinlaw.com

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

For further information concerning this matter, please call:

IDA COLEMAN

850

710-1980

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 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**

MEDIKUS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on OCTOBER 16, 2015 and assigned Florida document number L15000176603.

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:

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	AUDREY B. EDWARDS TRUST	1017 CHRISTY DRIVE, NICEVILLE, FL 32578	<input type="checkbox"/> Add
		(INCLUSION WAS AN INADVERTENT ERROR	<input checked="" type="checkbox"/> Remove
		AND SHOULD NEVER BEEN LISTED.)	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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10-56

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

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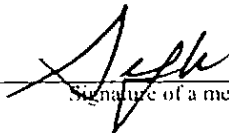
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 10 2021



Signature of a member or authorized representative of a member

Joseph Siefker, MD

Typed or printed name of signee